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So, WELCOME, enjoy yourselves and help us begin the next year of SCNA life together!

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NP, APRN-BC, CNE

Dr. Rhonda Brogdon
DNP, RN, MBA

Dr. Tiffany Phillips
DNP, NP-C

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As of September 11, 2019
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### Pre-Con Session

**Wednesday, October 23, 2019**

<table>
<thead>
<tr>
<th>Registration / Attendee Check-In</th>
<th>2:00 PM - 6:00 PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knot Just Suturing: Basic Office Procedures (3 CH/PH) - Bruce Williams &amp; Jaime Cuff</td>
<td>2:30 PM - 6:00 PM</td>
</tr>
<tr>
<td>SCNA Board of Directors Meeting</td>
<td>6:30 PM - 7:30 PM</td>
</tr>
</tbody>
</table>

### Convention

**Thursday, October 24, 2019**

<table>
<thead>
<tr>
<th>Registration / Attendee Check-In</th>
<th>7:30 AM - 5:30 PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Time Attendee / New Member Breakfast - (Special Invitation Only)</td>
<td>7:30 AM - 8:15 AM</td>
</tr>
<tr>
<td>Light Continental Breakfast</td>
<td>7:30 AM - 8:30 AM</td>
</tr>
<tr>
<td>Posters</td>
<td>8:00 AM - 5:30 PM</td>
</tr>
<tr>
<td>2019 Pharmacology Update (2 CH/PH/CS) - Kayce Shealy</td>
<td>8:30 AM - 10:30 AM</td>
</tr>
<tr>
<td>Break Time</td>
<td>10:30 AM - 10:45 AM</td>
</tr>
<tr>
<td>VPDs: Measles, and Anti-Vaxxers (2 CH/PH) - Robert Ball</td>
<td>10:45 AM - 12:45 PM</td>
</tr>
<tr>
<td>Poster Presentations Will Take Place During Lunch (.5 CH)</td>
<td>12:45 PM - 1:35 PM</td>
</tr>
<tr>
<td>Lunch</td>
<td>12:45 PM - 1:35 PM</td>
</tr>
<tr>
<td>Primary Care of Encephalopathy (2 CH/PH) - Dwayne Alleyne</td>
<td>1:40 PM - 3:50 PM</td>
</tr>
<tr>
<td>Prescribing Mindfully: Addressing Mental Health from a Primary Care Perspective (2 CH/PH) - Jada Quinn</td>
<td>1:40 PM - 3:50 PM</td>
</tr>
<tr>
<td>Updates in Obstetrics and GYN Care to Women of All Ages (2 CH/PH) - Janice Bacon</td>
<td>1:40 PM - 3:50 PM</td>
</tr>
<tr>
<td>Break Time</td>
<td>3:50 PM - 4:05 PM</td>
</tr>
<tr>
<td>Stop the Bleed: Basic Bleeding Control (1.5 CH) - Bruce Williams</td>
<td>4:05 PM - 5:35 PM</td>
</tr>
<tr>
<td>Infertility Technologies (1.5 CH/PH) - Travis McCoy</td>
<td>4:05 PM - 5:35 PM</td>
</tr>
<tr>
<td>Spirituality and the nurse’s role in spiritual assessment: Spirituality, Health and the Healthcare professional (1.5 CH) - Lynne Hutchison</td>
<td>4:05 PM - 5:35 PM</td>
</tr>
<tr>
<td>Research 101: Everything you wanted to know but were afraid to ask! (1.5 CH) - Kelly Bouthillet &amp; Sheryl Mitchell</td>
<td>4:05 PM - 5:35 PM</td>
</tr>
<tr>
<td>Annual SCNA Membership Meeting</td>
<td>5:40 PM - 6:40 PM</td>
</tr>
<tr>
<td>Annual Meeting of the SCNA Board of Directors</td>
<td>6:40 PM - 6:50 PM</td>
</tr>
</tbody>
</table>

**Friday, October 25, 2019**

<table>
<thead>
<tr>
<th>Registration / Attendee Check-In</th>
<th>7:30 AM - 5:30 PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Light Continental Breakfast</td>
<td>7:30 AM - 8:30 AM</td>
</tr>
<tr>
<td>Exhibits Setup</td>
<td>7:30 AM - 8:00 AM</td>
</tr>
<tr>
<td>Exhibits Open</td>
<td>8:00 AM - 11:00 AM</td>
</tr>
<tr>
<td>Breastfeeding, How to Help, When to Refer (1.5 CH/PH) - Gale Touger</td>
<td>8:30 AM - 10:10 AM</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis And Treatment Of Attention Disorders: Across The Lifespan (1.5 CH/PH/CS) - Karen Smith</td>
<td>8:30 AM 10:10 AM</td>
</tr>
<tr>
<td>How to Maximize Your Social Security (1.5 CH) - Henry Bates</td>
<td>8:30 AM 10:10 AM</td>
</tr>
<tr>
<td>Psychiatric Pharm Update (1.5 CH/PH/CS) - Maggie Johnson</td>
<td>8:30 AM 10:10 AM</td>
</tr>
<tr>
<td>Break Time</td>
<td>10:10 AM 10:40 AM</td>
</tr>
<tr>
<td>Diabetes and NASH (1.5 CH/PH) - Sheri Morris</td>
<td>10:40 AM 12:10 PM</td>
</tr>
<tr>
<td>A Multimodal Approach to Pain Management for Optimal Patient Outcomes and Safety (1.5CH/PH) - Nancy Butter</td>
<td>10:40 AM 12:10 PM</td>
</tr>
<tr>
<td>Billing for NP Services (1.5 CH) - Stephanie Burgess</td>
<td>10:40 AM 12:10 PM</td>
</tr>
<tr>
<td>Innovations in Mental Health Care: Telemedicine (1.5 CH) - Darra Coleman</td>
<td>10:40 AM 12:10 PM</td>
</tr>
<tr>
<td>Luncheon Presentation “Where Is Your Inner Leader?” (.5 CH) - Tena McKinney, President of SCNA</td>
<td>12:10 PM 1:40 PM</td>
</tr>
<tr>
<td>Exhibits Open</td>
<td>1:40 PM 4:05 PM</td>
</tr>
<tr>
<td>Cardiology Guidelines and Drug Update (2 CH/PH) - Andrew Mardis</td>
<td>1:40 PM 3:50 PM</td>
</tr>
<tr>
<td>Pediatric Update (2 CH/PH) - Philip Mubarak</td>
<td>1:40 PM 3:50 PM</td>
</tr>
<tr>
<td>Leadership Seminar...Finding the Leader Within (2 CH) - Tena McKinney &amp; Kelly Bouthillet</td>
<td>1:40 PM 3:50 PM</td>
</tr>
<tr>
<td>Report of SC Opioid Use (2 CH) - Darra Coleman</td>
<td>1:40 PM 3:50 PM</td>
</tr>
<tr>
<td>Break Time</td>
<td>3:50 PM 4:05 PM</td>
</tr>
<tr>
<td>Let’s Talk About Obesity (1.5 CH/PH) - Angela Dykes</td>
<td>4:05 PM 5:35 PM</td>
</tr>
<tr>
<td>Medical Entomology (1.5 CH/PH) - Robert Wolfe</td>
<td>4:05 PM 5:35 PM</td>
</tr>
<tr>
<td>Managing Opioid Use Disorders in Clinical Practice: Considerations for AP Nurses (1.5 CH/PH/CS) - Phyllis Raynor</td>
<td>4:05 PM 5:35 PM</td>
</tr>
<tr>
<td>Managing the CKD/ESRD Patient (1.5 CH/PH) - Kevin Lowe</td>
<td>4:05 PM 5:35 PM</td>
</tr>
<tr>
<td>Exhibits Open</td>
<td>5:15 PM 5:45 PM</td>
</tr>
</tbody>
</table>

**Saturday, October 26, 2019**

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>Registration / Attendee Check-In</td>
<td>7:30 AM 5:30 PM</td>
</tr>
<tr>
<td>Light Continental Breakfast</td>
<td>7:30 AM 8:30 AM</td>
</tr>
<tr>
<td>Exhibits Open</td>
<td>8:00 AM 11:00 AM</td>
</tr>
<tr>
<td>A Fib (1.5 CH/PH) - Sarah Slone</td>
<td>8:30 AM 10:10 AM</td>
</tr>
<tr>
<td>Efficacy and Financial Consideration of HIV pre-exposure (PrEP) and Insulin Therapy Initiations (1.5 CH/PH) - Kenric Ware</td>
<td>8:30 AM 10:10 AM</td>
</tr>
<tr>
<td>Long Term Care of the Elderly in a Skilled Setting (1.5 CH) - David Miller</td>
<td>8:30 AM 10:10 AM</td>
</tr>
<tr>
<td>Break Time</td>
<td>10:10 AM 10:40 AM</td>
</tr>
<tr>
<td>Maternal Mortality &amp; Morbidity: America in Crisis (2 CH) - Jennifer Woodley</td>
<td>10:40 AM 12:40 PM</td>
</tr>
<tr>
<td>Latest Update on Concussions (2 CH/PH) - Jeffrey Holloway</td>
<td>10:40 AM 12:40 PM</td>
</tr>
<tr>
<td>Creating a Healthy Work Environment (2 CH) - Lauren Brodie</td>
<td>10:40 AM 12:40 PM</td>
</tr>
<tr>
<td>Integrating Mindfulness Practices into Your Personal and Professional Life (2 CH) - Jemme Stewart</td>
<td>10:40 AM 12:40 PM</td>
</tr>
<tr>
<td>Lunch with Exhibits</td>
<td>12:40 PM 1:40 PM</td>
</tr>
<tr>
<td>Exhibits Open</td>
<td>12:40 PM 3:30 PM</td>
</tr>
<tr>
<td>Dyspareunia (1.5 CH/PH) - Kahlil Demonbreun</td>
<td>1:40 PM 3:10 PM</td>
</tr>
<tr>
<td>Principles of Education for Nurses and Patients (1.5 CH) - Mary Wessinger</td>
<td>1:40 PM 3:10 PM</td>
</tr>
</tbody>
</table>
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How to Own Your Own Practice in SC (1.5 CH) - Jenny Green  
New Pharm and Non-Pharm Options for Treatment Resistant Depression (1.5 CH/PH) - Don Dubose  
Break Time  
Anticoagulation Therapeutics and Associated Prescription Coverage Resources (1.5 CH/PH) - Kenric Ware  
The Medical Management of Obesity (1.5 CH/PH) - James Cook  
Advance Care Planning - Physician Orders for Scope of Treatment (POST) Act (1.5 CH) - Wilma Rice  
Stop the Bleed: Basic Bleeding Control (1.5 CH) - Bruce Williams  
Exhibits Breakdown  

All topics/times and presenters are subject to change without notice.

CH=Contact Hour  
CH/PH=Contact Hour with Pharm Content  
CH/PH/CS=Contact Hour with Pharm & Controlled Substance Content

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Alfreda Oree, BSN, RN, CMS-RN

Discovering Metformin-Induced Vitamin B12 Deficiency in Patients with Type 2 Diabetes in Primary Care  
Laura Herbert, DNP, APRN, FNP-BC; Alicia Ribar, PhD, APRN, FNP-BC; Sheryl Mitchell, DNP, APRN, FNP-BC, ACNP-BC; Cynthia Phillips, PharmD, CDE

Magnet Hospitals: Higher CMS Overall Hospital Quality Star Ratings  
Sarah Wills, PhD, MSNed., BSN, RNC-OB, CNE; Kim Kiefer, DNP, MSNed, BS, RN, CCRN-K, CNE; Sandra Tucker, MSN, RN, CNE

Transition to Practice: An Innovative Approach to a Nurse Residency Program  
Dana Murphy, BSN,RN; Veronica M. Deas, DNP, APRN, ANP-BC; Angela Newman, BSN, RN

Incivility in Academy - Nurse Educators Behaving Badly  
Elizabeth O’Connor Swanson, DNP, MPH, APRN-BC

PACU Nurses Administering Moderate Sedation in the OR  
W. Zeh Wellington, MSN, RN; Danielle Wineberg, MSN, RN, CPN; Cheryl Sherrer, BSN, RN, CSRN; Megan Gray, BSN, RN, CSRN

Shared Governance Impact on an Advanced Practice Provider's Perception  
Lan A. Nguyen, MSN, RN, PCCN-K

100 Days of Leadership: A Structured Nursing Leadership Development Program;  
Veronica M. Deas, DNP, APRN, ANP-BC; Dianne Matlock, BSN, RN

Assessment of the Post-Neuroendovascular Intervention Patient  
Amy E. Gallozzi, MSN, APRN, AGCNS-BC, CEN

A Multimodal Approach to Improving Restraint Documentation  
Cassie Mueller, MSN, RN, PCCN, CNML, SANE-A; Sarah Brooks, BSN, RN, CEN, TCRN; Tina Hunter, BSN, RN; Michael Ramirez, BSN, RN, CPEN; Catherine Osika Landreth, MS, RN, CCRN, CEN, TCRN; Melissa Tilman, BSN, RN, CEN

Using mHealth Apps to Assist Patients in Managing Chronic Conditions  
Sara B. Donevant, PhD, RN, CCRN

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1. Scan your name badge when you enter each session
2. Be present no later than five (5) minutes after starting time. Scanners will not be available after five (5) minutes.
3. Remain until the scheduled ending time
4. Complete the on-line CNE Evaluation Form for each session. The on-line CNE Evaluation Form will be emailed to you following the completion of each day of the event.

Conflict of Interest

A Conflict of Interest occurs when an individual has an opportunity to affect educational content about health-care products or services of a commercial interest with which she/he has a financial relationship.

The planners and presenters of this CNE activity have disclosed relevant financial relationships with any commercial interests pertaining to this activity. If applicable disclosures will be made before lecture begins.

SCNA has conflict of interest disclosures on file for all presenters and planners.

Non-Endorsement of Products

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SCNA does not endorse the off label use of any products for a purpose other than for which it was approved by the FDA.

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- tell us of an unpleasant experience
- tell us your thoughts on the process

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*Bias is defined as: preferential influence that causes a distortion of opinion or of facts. Commercial bias may occur when an educational activity promotes one or more product(s) (drugs, devices, services, software, hardware etc.) This definition is not all inclusive and participants may use their own interpretation in deciding if a presentation is biased.

NOTE: Statements of commercial support and/or conflict of interest disclosures do not represent bias. Such statements inform the learner that the provider has implemented a mechanism to identify and resolve all conflicts of interest prior to delivery of the educational material.
I. Call to Order
   A. Pledge of Allegiance
   B. Reading of the Code of Ethics for Nurses with Interpretive Statements, 2015
   C. Reading of I AM A Nurse

II. Establishment of the Agenda and Standing Rules

III. Establishment of a quorum: ARTICLE XVI: QUORUM; Section 1. Establishment of Quorum:
(a) The number of voting members present at a duly noticed meeting of the members shall
constitute a quorum for any regular or special meetings of the Association.

IV. Time of Remembrance

V. Address of the SCNA President

VI. Report of SCNA Treasurer

VII. Report of the SNA-SC President

VIII. Report of Chief Executive Officer

IX. Report of Organizational Units-Full Reports in SCNA Book of Reports
   A. Commission on Public Policy and Legislation
      - 2018-2020 Legislative Priorities will continue until the next Annual Meeting
   B. Commission on Professional Advocacy and Development
   C. SCNA Chapters: These reports will be plans for 2020. The highlights of the chapters’ 2019
      activities are in the Book of Reports.
         - APRN Chapter
         - Clinical Nurse Leader Chapter
         - Nurse Educator Chapter
         - Piedmont Chapter
         - Psychiatric and Mental Health Chapter
         - Women’s and Children’s Health Chapter

X. Report of Tellers and Declaration of Election

XI. Swearing In of The Board of Directors and Chapter Officers

XII. For the Good of The Order

XIII. Adjournment
"As nurses, ANA members and elected/appointed officials, we need each other to create nursing's future.

Our issues are big and require the best thinking of each and everyone of us.
Therefore, we shall demonstrate through our behaviors and preparation our commitment to the spirit and purposes of ANA.

We recognize that we are more alike than we are different, but we know that differences often lead up to better decisions.

We believe that passion is positive and confrontation is counterproductive.

We affirm the value of each person.

We shall create an atmosphere of acceptance, demonstrating care for each other, as we do our patients.

We shall listen to each other so each voice will feel heard.

We shall respect each other's opinions.

We shall be positive and open to new possibilities.

We shall build on our past by focusing on our future.

Through consideration, collaboration, compromise and consensus we can achieve our common goals.¹

‘If not us, who?
If not now, when?'''

¹ Authored by the Ohio Nurses Association, 2009
Adopted by the ANA House of Delegates June 2010
Rule 1. For admission to the annual meeting, to facilitate identification and seating, members shall be required to wear the official name tag issued at registration.

Rule 2. Members may not speak and debate more than twice to the same question or longer than three minutes, without permission granted by a two-thirds vote with debate. No member may speak more than once to a question if a member who has not spoken wishes to do so.

Rule 3. Any member of SCNA may be granted the privilege of the floor.

Rule 4. All main motions offered by a member shall be in writing (on the forms provided), signed by the maker and the seconder, and shall be given directly to a Monitor for immediate forwarding to the chair as soon as the speaker has been recognized. Members making incidental motions not in writing will give name before making a motion.

Rule 5. Business interrupted by a recess of the meeting shall be resumed at the point where it was interrupted at the end of the recess.

Rule 6. Any substantive resolution forwarded to SCNA for consideration of the Reference Committee which was not approved for presentation, if introduced by an individual member, must receive a two-thirds vote of the Annual Meeting to reach the floor for consideration and a majority vote of the Annual Meeting to be adopted.

Rule 7. Any substantive resolution not of emergency nature nor one previously forwarded to SCNA if introduced by an individual member, must receive a three-fourths vote of the Annual Meeting for consideration and a two-thirds vote of the Annual Meeting to be adopted.

Rule 8. The members will act only on the resolves of the resolutions and the recommendations of reports. Questions of clarification about the intent and meaning of the resolves and recommendations will be handled according to parliamentary procedure.

Rule 9. Notices for announcements to the Annual Meeting shall be in writing, signed by the person (or proper representative to the person) under whose authority the announcement is issued, and shall be sent to the desk of the recording secretary.

Rule 10. The Board of Directors shall be authorized to approve the minutes of the Annual Meeting not later than the first regular meeting of the Board of Directors during 2020 Board year.
Parliamentary procedure must not be viewed as a set of arbitrary rules. It should be considered as the application of common sense and logic in the conduct of a meeting. Compliance with this set of rules serves to protect, and is directly related to, our jealously guarded ideal of democratic process. The great value of the democratic process is open and orderly discussion which results in intelligent compromise. When general consent is evidenced by a group, the importance of following parliamentary procedure becomes primarily that of maintaining the orderly conduct of a meeting.

Democratic principles basic to the appropriate conduct of a meeting are as follows:
1. Justice and courtesy to all.
2. One thing at a time
3. Rule of the majority
4. Right of the minority to be heard.

The rules contained in the latest edition of ROBERT’S RULES OF ORDER shall govern meetings of this association in all cases to which they are applicable and in which they are not inconsistent with these bylaws.

**SOME RULES OF DEBATE**

1. Recognition by the chair is, of course, the first step in presenting a motion.
2. Time will be saved if members will think carefully before wording a motion so as not to make it too long, say what they really want and not include points of discussion in the motion.
3. All motions, other than those of a personal nature, must be in writing.
4. No business involving any kind of action should be conducted without a motion.
5. All main motions are debatable.
6. Debate begins after the motion is made.
7. Debate should be limited to the motion before the assembly.
8. Proposer of the motion may speak to it first.
9. Proposer of the motion may not speak against his/her motion, but may vote against it.
10. Address remarks through the presiding officer; do not speak directly to other members during debate.
11. Avoid personalities. The motion is under discussion not the proposer.
12. The presiding officer should not enter into debate and cannot close debate.
13. Voting may be done by general consent (silence). Chair says, “If there is no objection, the report will be accepted as information.”
14. The Chair votes only if his/her vote will change the result or break a tie. If his/her vote creates a tie, the motion is lost.

1. Member addresses the Presiding Officer, “Mr./Madam President”

2. Presiding Officer recognizes member by calling his/her name.

3. Member proposes motion, “I move that ____________”

4. Another member seconds the motion, “I second the motion.”

5. Presiding Officer states the motion, “It has been moved and seconded that ____________.”

6. Presiding Officer calls for debate, “Is there any discussion?” “Are there any remarks?” “Are you ready for the question?”

7. Presiding Officer takes the vote when debate has ended. “The question is on the adoption of the motion that (repeat the motion). Those in favor say ‘Aye.’ Those opposed say, ‘No.’”

8. Presiding Officer announces result of vote. “The ayes have it. The motion is carried, and we (state effect of adopting the motion).” “The noes have it. The motion is lost, and we will not (state effect of not adopting the motion).”
### PARLIAMENTARY PROCEDURE AT A GLANCE
**BASED ON ROBERTS RULES OF ORDER**

<table>
<thead>
<tr>
<th>TO DO THIS</th>
<th>YOU SAY THIS</th>
<th>MAY YOU INTERRUPT SPEAKER?</th>
<th>MUST YOU BE SECONDED?</th>
<th>IS THE MOTION DEBATABLE?</th>
<th>WHAT VOTE IS REQUIRED?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjourn the meeting*</td>
<td>“I move the meeting be adjourned”</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>Majority</td>
</tr>
<tr>
<td>Recess the meeting*</td>
<td>“I move the meeting be recessed until...”</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>Majority</td>
</tr>
<tr>
<td>Complain about noise, room temperature, etc.</td>
<td>“Point of personal privilege”</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>No Vote</td>
</tr>
<tr>
<td>Suspend further consideration of something&quot;</td>
<td>“I move to table the motion”</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>Majority</td>
</tr>
<tr>
<td>End debate</td>
<td>“I move the previous question”</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>2/3 vote</td>
</tr>
<tr>
<td>Postpone consideration of something</td>
<td>“I move this matter be postponed until...”</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>Majority</td>
</tr>
<tr>
<td>Have something studied further</td>
<td>“I move this matter be referred to a Committee”</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>Majority</td>
</tr>
<tr>
<td>Amend a motion</td>
<td>“I move that this motion be amended by...”</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>Majority</td>
</tr>
<tr>
<td>Introduce business (a primary motion)</td>
<td>“I move that...”</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>Majority</td>
</tr>
<tr>
<td>Object to a procedure or to a personal affront*</td>
<td>“Point of Order”</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>Chair Decides</td>
</tr>
<tr>
<td>Request Information*</td>
<td>“Point of Information”</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>No Vote</td>
</tr>
<tr>
<td>TO DO THIS</td>
<td>YOU SAY THIS</td>
<td>MAY YOU INTERRUPT SPEAKER?</td>
<td>MUST YOU BE SECONDED?</td>
<td>IS THE MOTION DEBATABLE?</td>
<td>WHAT VOTE IS REQUIRED?</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>----------------------</td>
<td>----------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Ask for a vote by actual count to verify a voice vote*</td>
<td>“I call for a division of the house”</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>No Vote</td>
</tr>
<tr>
<td>Object to considering some undiplomatic matter*</td>
<td>“I object to consideration of this question”</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>2/3 vote</td>
</tr>
<tr>
<td>Take up a matter previously tabled*</td>
<td>“I move to take from the table...”</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>Majority</td>
</tr>
<tr>
<td>Reconsider something already disposed of*</td>
<td>“I move to reconsider the action relative to...”</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>Majority</td>
</tr>
<tr>
<td>Consider something out of its scheduled order*</td>
<td>“I move to suspend the rules and consider...”</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>2/3 vote</td>
</tr>
<tr>
<td>Vote on a ruling by the chair*</td>
<td>“I appeal the chair’s decision”</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>Majority</td>
</tr>
</tbody>
</table>

*Not Amendable

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**RNs and LPNs**

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Abbe.Fass@gvltec.edu  
www.gvltec.edu/nursing-refresher/
The Nightingale Tribute

A tribute to any registered nurse or licensed practical nurse for their years of service, to be given during the nurse’s funeral by a nurse colleague or friend.

Nursing is a profession of service that the majority of time is not lived in isolation. Nurses rely on each other for the synergistic effect of teamwork in our efforts of care giving. Nursing is a calling, a way of life. It is appropriate that we honor our colleagues not only during their career, but also at the end of life’s journey.

The Nightingale Tribute was designed and developed by the Kansas State Nurses Association in 2003 to be used to honor deceased nurses. Any part or all of the Nightingale Tribute may be used, and modifications to the reading and script are encouraged.

“She Was There” is copyrighted by Duane Jaeger, RN, MSN as published in this brochure. Individuals using this poem as part of a memorial service are permitted to change the pronoun to make it gender appropriate.
Format for the Nightingale Tribute

The Nightingale Tribute begins with a short synopsis of the nurse’s career. A creative reading follows the synopsis. A white rose is placed with the nurse after the reading, with the statement, “(Name), we honor you this day and give you a white rose to symbolize our honor and appreciation for being our nurse colleague.”

This entire tribute takes only two minutes and can be placed anywhere in the service appropriate to the traditions and beliefs of the recipient’s faith.

How do I arrange for this tribute for my loved one?

- Visit with your funeral home director about this tribute.
- Choose an RN friend or colleague (active or retired) of the deceased to present the tribute.
- Ask the nurse to visit with you. Provide them a brief synopsis of your loved one’s life as a nurse.
- Use the words included with this brochure as a creative reading to follow the career synopsis. Adapt the reading to fit the recipient.
- Schedule the Tribute in the service in collaboration with the family, funeral home and place of worship as appropriate.
- Decide if you would like a white rose placed with your loved one in tribute and honor. If so, notify the nurse presenter and any other nurse friends to bring a white rose.

The Nightingale Tribute Reading

Nursing is a calling, a lifestyle, a way of living. Nurses here today honor _______________ and his/her life as a nurse.

______________ is not remembered by his/her ____________ years as a nurse, but by the difference he/she made during those years by stepping into people’s lives… by special moments:

She Was There

When a calming, quiet presence was all that was needed, She was there.

In the excitement and miracle of birth on in the mystery and loss of life, She was there.

When a silent glance could uplift a patient, family member or friend, She was there.

At those times when the unexplainable needed to be explained, She was there. 

When the situation demanded a swift foot and sharp mind, She was there.

When a gentle touch, a firm push, or an encouraging word was needed, She was there. 

In choosing the best one from a family’s “Thank You” box of chocolates, She was there.

To witness humanity - its beauty, in good times and bad, without judgment, She was there.

To embrace the woes of the world, willingly, and offer hope, She was there.

And now, that it is time to be at the Greater One’s side, She is there.

Note: Pronoun can be changed. © 2004 by Duane Jaeger, RN, MSN

______________, we honor you this day and give you a white rose to symbolize our honor and appreciation for being our colleague.
Maj. Donald William Guffey, U.S. Army (Ret.)
Columbia, September 1, 2018.

Major Donald William Guffey, U.S. Army (Ret.) passed away at home on September 1, 2018, after a lengthy illness. Born in Bakersville, N.C. on November 7, 1939. After serving as a Corpsman in the US Navy for eight years, Don was recruited for the pilot Physician’s Assistant program at Duke University. After successfully completing the program, which was too new for any licensing mechanism, Don pursued a nursing career, first through the diploma program at Providence School of Nursing in Mobile, Alabama and then a B.S. in Nursing from the Medical College of Georgia in Augusta, Georgia. He received his Master’s Degree in Nursing Administration from the University of South Carolina. He returned to the military, this time serving as an officer in the US Army Nurse Corps. His Army career included serving as Project Officer for the Moncrief Hospital upgrade, Instructor and Deputy Director of LPN Program and Nursing Education and Assistant Chief of Nursing Administration. Upon retiring from the military, Don went to work for South Carolina’s Department of Health and Environmental Control as a Home Health Care Consultant and Administrator. During his long-distinguished nursing career, he received Navy Meritorious Service Medals and Army Commendation Medals as well as numerous leadership awards including the McDermott and J. Marion Sims awards. He even received the Key to the City of Mobile for his community service. More than accolades, Don enjoyed making friends and colleagues spread far and wide. Don is survived by his wife of 58 years, Mary Ann Guffey; daughters, Dona Guffey and Amanda Miller (Tom); and his grandson, Will Miller.
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<td>Statement of Revenues, Expenses and Changes in Net Assets - Modified</td>
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<td>Cash Basis</td>
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<td>Statement of Functional Expenses - Modified Cash Basis</td>
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<td>Schedule of Chapters' Activities - Modified Cash Basis</td>
<td>11</td>
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</tbody>
</table>
INDEPENDENT AUDITORS’ REPORT

To the Board of Directors
South Carolina Nurses Association
Columbia, South Carolina

We have audited the accompanying financial statements of South Carolina Nurses Association (a South Carolina nonprofit organization), which comprise the statement of assets, liabilities and net assets - modified cash basis as of December 31, 2019, and the related statements of revenues, expenses and changes in net assets - modified cash basis, functional expenses – modified cash basis, and cash flows - modified cash basis for the year then ended, and the related notes to the financial statements - modified cash basis.

Management’s Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting as described in Note 2. This includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors’ Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors’ judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Association’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association’s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Columbia, South Carolina
June 20, 2019
SOUTH CAROLINA NURSES ASSOCIATION  
COLUMBIA, S. C.  
STATEMENT OF ASSETS, LIABILITIES AND NET ASSETS - MODIFIED CASH BASIS  
DECEMBER 31, 2018

<table>
<thead>
<tr>
<th>Assets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Cash Equivalents</td>
<td>$ 403,225</td>
</tr>
<tr>
<td>Security Deposit</td>
<td>2,994</td>
</tr>
<tr>
<td>Furniture and Equipment</td>
<td>$ 12,227</td>
</tr>
<tr>
<td>Less Accumulated Depreciation</td>
<td>(15,227)</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>406,220</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Payroll Taxes Withheld</td>
<td>1,815</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>1,815</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net Assets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Without Donor Restrictions</td>
<td>37,030</td>
</tr>
<tr>
<td>Board Designated</td>
<td>37,030</td>
</tr>
<tr>
<td>Undesignated</td>
<td>37,030</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>404,304</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Liabilities and Net Assets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>406,220</strong></td>
<td></td>
</tr>
</tbody>
</table>

Notes to Financial Statements are an Integral Part of This Statement

---

SOUTH CAROLINA NURSES ASSOCIATION  
COLUMBIA, S. C.  
STATEMENT OF REVENUES, EXPENSES AND CHARGES IN NET ASSETS - MODIFIED CASH BASIS  
FOR THE YEAR ENDED DECEMBER 31, 2018

<table>
<thead>
<tr>
<th>Net Assets Without Donor Restrictions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td>$ 269,623</td>
</tr>
<tr>
<td>Membership Dues</td>
<td>506</td>
</tr>
<tr>
<td>Interest</td>
<td>741</td>
</tr>
<tr>
<td>Publication - SC Nurse</td>
<td>32,097</td>
</tr>
<tr>
<td>SCNA-Appraiser Committee</td>
<td>11,027</td>
</tr>
<tr>
<td>Magazines</td>
<td>2,587</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>6,565</td>
</tr>
<tr>
<td>Annual Convention</td>
<td>100,555</td>
</tr>
<tr>
<td>Advocacy Fund</td>
<td>226</td>
</tr>
<tr>
<td>SEED</td>
<td>2,400</td>
</tr>
<tr>
<td><strong>Chapter Receipts</strong></td>
<td><strong>500</strong></td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td><strong>364,310</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Services</td>
<td>317,263</td>
</tr>
<tr>
<td>Supporting Services</td>
<td>75,568</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>392,831</strong></td>
</tr>
</tbody>
</table>

| Decrease in Net Assets Without Donor Restrictions | (28,541) |
| Net Assets Without Donor Restrictions, Beginning of Year | 432,846 |
| Net Assets Without Donor Restrictions, End of Year | 404,304 |

Notes to Financial Statements are an Integral Part of This Statement
### SOUTH CAROLINA NURSES ASSOCIATION

**COLUMBIA, S. C.**

**STATEMENT OF FUNCTIONAL EXPENSES - MODIFIED CASH BASIS**

**FOR THE YEAR ENDED DECEMBER 31, 2018**

<table>
<thead>
<tr>
<th>Program Services</th>
<th>Supporting Services</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Member Services</td>
<td>General and Administrative Services</td>
</tr>
<tr>
<td>Personnel</td>
<td>$114,369</td>
<td>$38,121</td>
</tr>
<tr>
<td>Occupancy</td>
<td>38,580</td>
<td>12,193</td>
</tr>
<tr>
<td>Annual Convention</td>
<td>85,512</td>
<td>-</td>
</tr>
<tr>
<td>Legislative Activities</td>
<td>33,142</td>
<td>-</td>
</tr>
<tr>
<td>Chapter Disbursements</td>
<td>5,898</td>
<td>-</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>41,752</td>
<td>25,384</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>317,253</strong></td>
<td><strong>75,198</strong></td>
</tr>
</tbody>
</table>

Notes to Financial Statements are an Integral Part of This Statement

---

### SOUTH CAROLINA NURSES ASSOCIATION

**COLUMBIA, S. C.**

**STATEMENT OF CASH FLOWS - MODIFIED CASH BASIS**

**FOR THE YEAR ENDED DECEMBER 31, 2018**

- Cash Flows from Operating Activities
  - Decrease in Net Assets Without Donor Restrictions
  - Adjustments to Reconcile Decrease in Net Assets Without Donor Restrictions to Net Cash Used in by Operating Activities
    - Decrease in Payroll Taxes Withheld
      - $28,541
      - (3,501)

- Net Cash Used in Operating Activities
  - (32,042)

- Net Decrease in Cash and Cash Equivalents
  - (32,042)

- Cash and Cash Equivalents, Beginning of Year
  - 435,288

- Cash and Cash Equivalents, End of Year
  - 403,226

Notes to Financial Statements are an Integral Part of This Statement
Note 1
Organization and Membership
The South Carolina Nurses Association was incorporated as a non-profit organization under the laws of South Carolina for the purpose of fostering the standards of nursing and promoting the nursing profession and better health care of all people. Membership primarily consists of qualified individuals who have been granted a license to practice as a registered nurse in at least one state, territory, or possession of the United States.

Note 2
Summary of Significant Accounting Policies

Basis of Accounting
The accompanying financial statements have been prepared on the modified cash basis of accounting which is a basis of accounting other than accounting principles generally accepted in the United States of America. This basis differs from accounting principles generally accepted in the United States of America primarily because the Association has not recognized balances and the related effects on the changes in net assets, of accounts receivable from members and/or other services provided and of accounts payable to vendors or other expense accruals. In addition, noncash transactions are not recognized under the modified cash basis of accounting. Accordingly, revenues are recorded when received rather than when earned and expenses are recorded when paid rather than when the obligation is incurred. Modifications to the cash basis of accounting include recording furnishings and equipment and its related depreciation and security deposits as assets.

Estimates
Management uses estimates and assumptions in preparing its financial statements in accordance with the modified cash basis of accounting. These estimates and assumptions affect the reported amounts of assets and liabilities and the reported revenues and expenses. On an ongoing basis, management evaluates the estimates and assumptions based on new information. Management believes that the estimates and assumptions are reasonable in the circumstances; however, actual results could differ from those estimates.

The Association has a financial instrument, which is not held for trading purposes. The Association estimates that the fair value of the financial instrument at December 31, 2019, does not differ materially from the aggregate carrying value of its financial instrument recorded in the accompanying statement of assets, liabilities and net assets - modified cash basis. The following methods and assumptions were used to determine the fair value of each class of the financial instruments:

Cash and Cash Equivalents - Fair values approximate respective carrying values due to the short maturities of this instrument.

Basic of Presentation
The Association’s financial statements report information regarding its net assets and revenues, expenses and changes in net assets - modified cash basis according to one class of net assets: net assets without donor restrictions. The Association has no net asset with donor restrictions activity to report as of and for the year ended December 31, 2018.

Cash and Cash Equivalents
The Association considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents. Cash and cash equivalents consist of demand deposit and money market accounts.

Note 2
Summary of Significant Accounting Policies (Continued)

Furnishings and Equipment
The capital assets are recorded at cost and are depreciated using the straight-line depreciation method over the estimated useful lives of furnishings and equipment which range from five to seven years.

Income Taxes
The Association is exempt from federal and state income tax under Internal Revenue Code Section 501(c)(6). Accordingly, the financial statements do not contain a provision for income tax expense or liability and management believes the Association does not have any uncertain tax positions regarding tax returns filed for the most recent 3 years. The Association is not currently undergoing examination of any previously filed tax returns; however, the returns filed for the most recent 3 years remain available for examination by taxing authorities.

Adoption of New Accounting Pronouncement
On August 18, 2016, the Financial Accounting Standards Board (FASB) issued ASU 2016-14, Not-for-Profit Entities (Topic 958) - Presentation of Financial Statements of Not-for-Profit Entities. The update addresses the complexity and understandability of net asset classifications, deficiencies in information about liquidity and availability of resources and the lack of consistency in the type of information provided about expenses and investment return. The Association has adjusted the presentation of these statements accordingly. The ASU has been applied retroactively to all periods presented.

Note 3
Liquidity and Availability of Financial Assets
The following reflects the Association’s financial assets for the year ended December 31, 2018, reduced by amounts not available for general use because of contractual or donor-imposed restrictions within one year:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial assets at year-end:</td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$403,226</td>
</tr>
<tr>
<td>Total financial assets</td>
<td>403,226</td>
</tr>
<tr>
<td>Less those unavailable for general expenditures within one year due to:</td>
<td></td>
</tr>
<tr>
<td>Contractual or donor-imposed restrictions</td>
<td>-</td>
</tr>
<tr>
<td>Financial assets available to meet cash needs</td>
<td></td>
</tr>
<tr>
<td>For general expenditures within one year</td>
<td>403,226</td>
</tr>
</tbody>
</table>

The Association manages its liquidity by developing and adopting an annual operating budget that provides sufficient funds for general expenses and its activities and other obligations as they become due.

Note 4
Operating Lease Commitment
The Association entered into a noncancellable operating lease agreement for rental office space through February 28, 2020. Rent incurred under this agreement for the year ended December 31, 2018 was $44,020. As of December 31, 2018, future minimum lease payments due for the subsequent five years and periods after five years, are as follows:

<table>
<thead>
<tr>
<th>Payment Period</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due by December 31, 2019</td>
<td>$38,209</td>
</tr>
<tr>
<td>Due by December 31, 2020</td>
<td>39,457</td>
</tr>
<tr>
<td>Due by December 31, 2021</td>
<td>40,641</td>
</tr>
<tr>
<td>Due by December 31, 2022</td>
<td>41,880</td>
</tr>
<tr>
<td>Due by December 31, 2023</td>
<td>43,118</td>
</tr>
<tr>
<td>Thereafter</td>
<td>51,993</td>
</tr>
<tr>
<td>Total</td>
<td>265,576</td>
</tr>
</tbody>
</table>
Note 4 Operating Lease Commitment (Continued)

There is a clause in the lease agreement which could result in an increase in the monthly/annual lease payments if the landlord’s expenses for common maintenance, public utilities, real estate taxes and property insurance exceed the base year amount.

The Association has the option to renew the lease for an additional five year term at the market rate at the time of renewal.

Note 5 Board Designated Net Assets

The Association’s governing board has designated, from net assets without donor restrictions, $37,030 for the following purposes as of December 31, 2018:

<table>
<thead>
<tr>
<th>Fund</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy Fund</td>
<td>$ 2,056</td>
</tr>
<tr>
<td>Chapters</td>
<td>34,974</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>37,030</strong></td>
</tr>
</tbody>
</table>

There are no limits or restrictions on board designated net assets, and are available for general use at the boards discretion.

Note 6 Membership Dues Revenues

Membership dues are collected by the American Nurses Association which remits the South Carolina Nurses Association’s share directly to them.

Note 7 Custodial Credit Risk

At December 31, 2018, the Association has bank balances that exceed the FDIC coverage limits in the amount of $157,855.

Note 8 Functional Expenses

The costs of providing program and other activities have been summarized on a functional basis in the statement of revenues, expenses and changes in net assets – modified cash basis. Accordingly, certain costs have been allocated among program services and supporting services benefited. Such allocations are determined by management on an equitable basis. The expenses that were allocated include personnel, occupancy, and other expenses, which are allocated on the basis of time and effort.

Note 9 Subsequent Events

The Association evaluated the effects subsequent events would have on the financial statements through the date of the independent auditors’ report, which is the date the financial statements were available for issuance.

---

**SCHEDULE OF EXPENSES - MODIFIED CASH BASIS**

**FOR THE YEAR ENDED DECEMBER 31, 2018**

**Personnel**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$121,864</td>
</tr>
<tr>
<td>CEO</td>
<td></td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td></td>
</tr>
<tr>
<td>Payroll Taxes</td>
<td>11,628</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>13,390</td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>862</td>
</tr>
<tr>
<td>Automobile Expense (in Town)</td>
<td>98</td>
</tr>
<tr>
<td>Benevolence Fund</td>
<td>1,750</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>152,490</strong></td>
</tr>
</tbody>
</table>

**Occupancy**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance</td>
<td>3,802</td>
</tr>
<tr>
<td>Service Contracts</td>
<td>1,311</td>
</tr>
<tr>
<td>Copy - Credit Account</td>
<td>(366)</td>
</tr>
<tr>
<td>Rent</td>
<td>40,020</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>44,773</strong></td>
</tr>
</tbody>
</table>

**Other Expenses**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>9,740</td>
</tr>
<tr>
<td>Postage</td>
<td>745</td>
</tr>
<tr>
<td>Postage - Credit Account</td>
<td>(316)</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>6,860</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>2,443</td>
</tr>
<tr>
<td>Professional Fees</td>
<td>15,600</td>
</tr>
<tr>
<td>President</td>
<td>(151)</td>
</tr>
<tr>
<td>President - Elect</td>
<td>1,260</td>
</tr>
<tr>
<td>Board/Executive Committee</td>
<td>639</td>
</tr>
<tr>
<td>CEO’s Travel</td>
<td>5,762</td>
</tr>
<tr>
<td>Publication and Dues</td>
<td>1,349</td>
</tr>
<tr>
<td>Nominating Committee</td>
<td>1,549</td>
</tr>
<tr>
<td>Membership Activities</td>
<td>2,948</td>
</tr>
<tr>
<td>Public Relations Activities</td>
<td>2,079</td>
</tr>
<tr>
<td>Peer Assistance Committee</td>
<td>14</td>
</tr>
<tr>
<td>Aids to C D Education</td>
<td>2,320</td>
</tr>
<tr>
<td>SEED</td>
<td>4,819</td>
</tr>
<tr>
<td>Committee on Nursing Education</td>
<td>8,880</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>67,039</strong></td>
</tr>
</tbody>
</table>

See Independent Auditors' Report and Supplementary Information.
SOUTH CAROLINA NURSES ASSOCIATION
COLUMBIA, S. C.

SCHEDULE OF CHAPTERS' ACTIVITIES - MODIFIED CASH BASIS

FOR THE YEAR ENDED DECEMBER 31, 2018

<table>
<thead>
<tr>
<th>Chapters</th>
<th>Receipts</th>
<th>Disbursements</th>
<th>Net Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women and Children's Health</td>
<td>$</td>
<td>$</td>
<td>(5)</td>
</tr>
<tr>
<td>Psychiatric and Mental Health</td>
<td>$</td>
<td>862</td>
<td>(862)</td>
</tr>
<tr>
<td>Nurse Educator</td>
<td>$</td>
<td>528</td>
<td>(528)</td>
</tr>
<tr>
<td>APRN</td>
<td>$</td>
<td>4,198</td>
<td>(4,198)</td>
</tr>
<tr>
<td>Clinical Nurse Leader</td>
<td></td>
<td>304</td>
<td>196</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>500</strong></td>
<td><strong>5,898</strong></td>
<td><strong>(5,398)</strong></td>
</tr>
</tbody>
</table>

See Independent Auditors' Report on Supplementary Information.
CERTIFICATE OF INCORPORATION

The State of South Carolina,

EXECUTIVE DEPARTMENT. 

CERTIFICATE OF INCORPORATION

BY THE SECRETARY OF STATE

Whereas, Mrs. Esther G. Koutz, and Ely C. Yelverton, of Florence, S. C. and
Burlington, S. C., respectively, and Alice E. Comer, Florence, S. C.,

two or more of the officers or agents appointed to supervise or manage the affairs of

South Carolina Graduate Nurses Association,

which has been duly and regularly organized, did on the second day of

June, A.D. 1928, file with the Secretary of State a written declaration setting forth:

That, at a meeting of the aforesaid organization held pursuant to the by-laws or regulations of the said organization,

they were authorized and directed to apply for incorporation;

That, the said organization holds, or desires to hold, property in common for Religious, Educational, Social, Fraternal, Charitable or other communally purpose, or any two or more of said purposes, and is not organized for the purpose

of profit or gain to the members, otherwise than is above stated, nor for the insurance of life, health, accident or property;

and that three days’ notice in the

The Morning News, a newspaper published

in the County of Florence,

Annexed, Said Declaration and Petition further declared and affirmed:

FIRST: Their names and residences are as above given.

SECOND: The name of the proposed Corporation is

SOUTH CAROLINA GRADUATE NURSES ASSOCIATION.

THIRD: The place at which it proposes to have its headquarters or be located is

Florence, S. C.

FOURTH: The purpose of the said proposed Corporation is

For maintaining and raising the standards of the nursing of South Carolina.

FIFTH: The names and residences of all Managers, Trustees, Directors or other officers are as follows:

Mrs. Esther G. Koutz, President, Francis J. Bulow, Alice E. Comer,
Mrs. Ely C. Yelverton, Secretary, Willie S. Cunningham,
Ruth Garrett, Annie Dornbisch, Mrs. Vincent Price, and
Agnas Coogan, Directors.

SIXTH: That they desire to be incorporated: In perpetuity.

Now, Therefore, I, W. P. Blackwell, Secretary of State, by virtue of the authority is

me vested, by Chapter 4564, Article III, Code of 1922, and Acts amendatory thereof, do hereby declare the said organization

to be a body politic and corporate, with all the rights, powers, privileges and immunities, subject to all the limitations and

liabilities, contained by said Chapter 4564, Article III, Code of 1922, and Acts amendatory thereof.

Given under my Hand and the Seal of the State, at Columbia, the 2nd day of June, in the year of our Lord one thousand one hundred and thirty two and in the one hundred and fifty sixth year of the

Independence of the United States of America.

(SEAL)

Secretary of State
Dear Sir or Madam:

This is in response to your request of July 2, 2004 regarding a copy of your organization’s group exemption letter.

In February 1969 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(6) of the Internal Revenue Code. Based on the information supplied, we also recognized the subordinates named on the list your organization submitted as exempt from Federal income tax under 501(c)(6) of the Code.

Your organization and each of its subordinates are required to file Form 990, Return of Organization Exempt from Income Tax, only if the gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization’s annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

Unless specifically excepted, your organization and its subordinates are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more to each of the organization’s employees during a calendar year. Your organization and its subordinates are also liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Your organization and its subordinates are not required to file federal income tax returns unless subject to the tax on unrelated business income under section 511 of the Code. If subject to this tax, the organization must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization or its subordinates’ present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Each year, at least 90 days before the end of your organization’s annual accounting period, please send the items listed below to the Internal Revenue Service Center at the address shown at the end of this letter.
MISSION OF SCNA
The mission of the South Carolina Nurses Association is to represent all South Carolina registered nurses in a membership organization to promote and advocate the role of the registered nurse to improve health for all. – 2017

MISSION OF ANA
Nurses advancing our profession to improve health for all. – 2016

PHILOSOPHY OF SCNA
1. SCNA believes that nursing is a professional discipline and an essential service in meeting the health care needs of patients as individuals, groups, or communities. In support of this philosophy:
2. Nursing practice for registered nurses is defined in the nurse practice act of the State of South Carolina as “the performance of acts that involve assessment, analysis, intervention and evaluation. This practice requires specialized independent judgment and skill, and is based on knowledge and application of the principles of biophysical and social sciences;”
3. Nurses practice independently or collaboratively in accordance with their education and clinical credentials;
4. Nurses are encouraged to seek baccalaureate and higher degrees, to engage in lifelong learning and be employed according to role preparation;
5. Critical thinking is an essential competency for registered nurses;
6. Nurses are responsible to consumers for their practice and therefore must be responsive to individuals at all levels of wellness and from all cultural backgrounds;
7. Nurses are responsible for the ethical practice of nursing according to the Code of Ethics for Nurses With Interpretive Statements, 2015;
8. Nurses are engaged in activities to improve health care standards and health care accessibility for all people;
9. All nursing practice includes the art of caring. Professional nurses are providers, managers, coordinators, educators, administrators, researchers of care in all settings;
10. “Advanced Practice Registered Nurses (APRN) means a registered nurse who is prepared for an advanced practice registered nursing role by virtue of additional knowledge and skills gained through an advanced formal education program of nursing in a specialty area that is approved by the Board of Nursing. The categories of APRN are the nurse practitioner (NP), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified registered nurse anesthetist (CRNA). The NP, CNM, CNS, and CRNA hold a nursing doctorate, a post-nursing master's certificate or a minimum of a master's degree that includes advanced education composed of didactic and supervised clinical practice in a specific area of advanced practice registered nursing” (SC Nurse Practice Act);
11. Nurses are responsible for their own professional development and competencies. Continuing education and other professional activities enhance nursing practice and help to assure consumers of quality nursing care outcomes. Nurses are encouraged to obtain and maintain competence. “Competence is a dynamic concept, changing as the licensed nurse achieves a higher stage of development, responsibility, and accountability within
the role. The role encompasses the possession and interrelation of essential knowledge, judgment, attitudes, values, skills and abilities which are varied and range in complexity” (SC Nurse Practice Act);

12. Nurses assure competent care and advance the practice of nursing by promotion, dissemination and utilization of research findings;

13. Nurses influence health policy through legislative and political action;

14. Workplace advocacy issues are a vital concern for nurses and nursing;

15. Marketing the professional practice of nursing and the Professional Association to the public, legislators, and nurses is a priority.

Approved by the Board of Directors, October 14, 1981
Revised: February 2013
Reviewed: August 2015; January 2017
SCNA BYLAWS AS OF NOVEMBER 3, 2017

ARTICLE I: TITLE, PURPOSES, FUNCTIONS

Section 1. Title
The name of this Association shall be the South Carolina Nurses Association, hereinafter referred to as SCNA.

Section 2. Purposes
The purposes of the SCNA shall be to:
   a. foster high standards of nursing.
   b. promote the professional and educational advancement of nurses.
   c. promote the welfare of nurses.
   d. promote better health care for all people.

The purposes shall be unrestricted by consideration of age, color, creed, disability, gender, health status, lifestyle, nationality, race, religion, or sexual orientation.

The purposes of SCNA do not include dealing with employers concerning grievances, labor disputes, wages, rates of pay, or terms or conditions of employment.

Section 3. Functions
The functions of the SCNA shall be to
   a. promote, through appropriate means, standards of nursing practice, nursing education, and nursing services as defined by the American Nurses Association, ANA.
   b. insure adherence to the code of ethical conduct for nurses established by ANA.
   c. promote legislation and speak for the nursing profession in regard to legislation, governmental programs and health policy.
   d. support maintenance of nurse resources to meet health care needs.
   e. promote and protect the economic and professional security of nurses.
   f. represent and speak for the professional nurse with allied health groups, state and local organizations, governmental bodies and the public.
   g. represent and speak for the nursing profession with allied health groups, state and local organizations, governmental bodies and the public.
   h. provide for the continuing professional development of nurses.
   i. provide for representation in the annual Membership Assembly of ANA
   j. promote relationships with the South Carolina Student Nurses Association.

ARTICLE II: CHAPTERS

Section 1. Definition
Groups of nurses who are members of the South Carolina Nurses Association which have been or hereafter may be organized based on shared nursing practice interests or geographical boundaries. SCNA Chapters shall operate under a Memorandum of Agreement (MOA) with the SCNA Board of Directors. The MOA shall be reviewed annually by the SCNA Board.
ARTICLE III: MEMBERSHIP

Section 1. Composition

a. SCNA shall have membership open to all registered nurses and meet the qualifications of membership as enumerated in this section.
b. SCNA shall be composed of Full Members who belong to the American Nurses Association (ANA) through the state and have representation in the International Council of Nurses through the ANA and who may have membership in the SCNA Chapters; and State-Only Members who live and/or practice in the state of South Carolina only pursuant to a sanctioned agreement with ANA.
c. The SCNA shall remain affiliated with the American Nurses Association until such time as 2/3 of the entire SCNA full membership votes to disaffiliate from the ANA. SCNA membership, for these purposes, is defined as individual members of the SCNA who have ANA rights and privileges of membership as a result of their SCNA membership. The vote may occur by mail or electronic ballot, with appropriate notice and procedures to protect the integrity and validity of the vote.
d. The SCNA shall be composed of all registered nurses who meet the qualifications stated in these bylaws.
e. A registered nurse is qualified for membership in SCNA if that nurse:
   1. Has been granted a license to practice as a registered nurse in at least one state, territory or the District of Columbia and does not have a license under suspension or revocation in any state, territory, or the District of Columbia and is otherwise entitled by law to practice.
   2. Has retired and/or no longer chooses to practice, but whose license was in good standing with her/his licensee board at the time the nurse made the decision not to maintain an active license.
   3. Is a nurse in recovery who has surrendered her/his license to practice.

Section 2. Qualifications

a. A member is one—
   1. who has been granted a license to practice as a registered nurse in at least one state or territory, or possession of the United States and does not have a license under suspension or revocation in any state, or is otherwise entitled by law to practice and whose renewal of membership shall be contingent upon the granting of licensure as a registered nurse;
   2. who may be a nurse in recovery who has surrendered a license to practice, or a nurse who has retired and/or no longer chooses to practice, but whose license was in good standing with his/her licensing board at the time the nurse made the decision not to maintain an active license;
   3. whose application for membership in SCNA has been accepted;
   4. whose dues are not delinquent;
   5. whose membership in not under revocation for violation of the Code of Ethics for Nurses With Interpretive Statements, 2015 or the bylaws of this Association.
   6. Honorary Full Membership shall be given to those registered nurses who have been members of the SCNA/ANA for 30 or more years and age 65 or at the discretion of
the SCNA Board of Directors. There shall be no dues amount associated with honorary membership.

**Section 3. Membership Rights and Obligations**

Members as defined in these Bylaws shall be given all the rights and obligations of membership in the ANA through SCNA. In addition:

a. Full Members shall have memberships rights as follows:
   1. Participate in the elections of SCNA in accordance with these Bylaws.
   2. Participate in the elections of SCNA’s two representatives and alternates to the annual Membership Assembly of ANA.
   3. Serve SCNA and ANA in elected and appointed positions in accordance with SCNA and ANA Bylaws.
   4. Fulfill the requirements of office if elected or appointed.
   5. Attend the SCNA Annual Meeting, the ANA Membership Assembly and any other unrestricted activities SCNA and ANA.
   6. Attend the Congress of the International Council of Nurses.
   7. Utilize such SCNA and ANA services as may be available.
   8. Submit proposals for consideration to SCNA.
   9. Hold membership in SCNA Chapters in accordance with provisions of the Bylaws.
   10. Receive a Constituent SCNA/ANA membership card.
   11. Receive the SC Nurse and ANA Membership Publications.
   12. Have the right of due process for the denial of any of the above rights.
   13. Shall have the right to receive benefits from the ANA as a member at the national level.

b. State-Only Members shall have membership rights as follows:
   1. Participate in the elections of SCNA in accordance with SCNA Bylaws.
   2. Serve SCNA in elected and appointed positions in accordance with SCNA Bylaws.
   3. Attend any meeting and unrestricted activities of SCNA.
   4. Utilize such SCNA services as may be available.
   5. Receive an SCNA membership card.
   6. Receive the SC Nurse.
   7. Submit proposals for consideration to SCNA.
   8. Hold membership in SCNA Chapters in accordance with provision of the SCNA Bylaws.
   9. Have the right of due process for the denial of any of the above rights.
   10. Shall have no rights to belong to or receive benefits from the ANA at the national level.

c. Full Members shall have membership obligations as follows:
   1. Abide by the Bylaws of SCNA and ANA.
   3. Pay dues as required by the Bylaws.
   4. Fulfill the requirements of office if elected or appointed.

d. State-Only Members shall have membership obligations as follows:
   1. Abide by the Bylaws of SCNA.
   3. Pay dues as required by the Bylaws.
   4. Fulfill the requirements of office if elected or appointed.

e. Honorary Members do not have the obligation to pay dues as required by the Bylaws.
Section 4. Disciplinary Action

a. A member may be disciplined for cause by SCNA or by a Chapter. Charges shall be filed with the Association in whose jurisdiction the alleged violation occurred.

b. Cause for disciplinary action may include violation of—
   1. the purpose, goals, and bylaws of SCNA; or
   2. the Code of Ethics for Nurses With Interpretive Statements, 2015 as adopted by the ANA Board of Directors.

   3. Cause for disciplinary action may include violation of the ANA Bylaws.

c. Subject to these Bylaws and the South Carolina Nonprofit Corporation Act of 1994, as amended (the “Act’), a member may be expelled or suspended, and a membership in SCNA terminated if not less than fifteen (15) days prior written notice, sent by first class or certified mail, of the proposed expulsion, suspension, or termination of a member and the reason therefore shall be delivered to such member in accordance with the procedures set forth in Article III, Section 5 hereof. Such notice shall set forth the date, place, and time such member shall be given the opportunity to be heard orally by the hearing panel, which shall be not less than five (5) days before the effective date of the expulsion, suspension, or termination. Such notice shall also set forth the address to which and date by which such member may to be heard in writing by the hearing panel, which shall be not less than five (5) days before the effective date of the expulsion, suspension, or termination. Upon the affirmative vote of a majority of the hearing panel, SCNA acting fair and reasonable taking into consideration all of the relevant facts and circumstances, may expel or suspend a member, or terminate such membership. A member who has been expelled or suspended shall remain liable to SCNA for dues, assessments, or fees as a result of obligations incurred or commitments made before such expulsion or suspension.

d. No disciplinary action shall be taken unless the member is served with written specific charges, given a reasonable time to prepare a defense, and given a fair hearing in accordance with common parliamentary and statutory law.

e. A member may be suspended, terminated, censured or expelled by a hearing panel, established by, but not composed of, the SCNA Board of Directors.

f. The decision of the hearing panel may be appealed to the SCNA Board of Directors; the decision of the Board of Directors shall be final.

g. SCNA Chapters, and other Constituent/State Nurses Associations (C/SNAs) shall be notified by SCNA when a member has been subject to any disciplinary action by SCNA.

h. Expulsion of a member from SCNA shall result in expulsion from the Chapter.

i. An expelled SCNA member shall be reinstated upon approval by a two-thirds (2/3) vote of the Board of Directors.

j. A member expelled by SCNA who is subsequently reinstated by SCNA shall be automatically reinstated by the Chapter.

k. Any disciplinary action by a Constituent/State Nurses Association (C/SNAs) against one of its members shall be given full recognition and enforcement, provided such action was taken in accordance with the disciplining C/SNA Bylaws and disciplinary procedures.

Section 5. Notice

a. An oral notice to members is permissible if reasonable under the circumstances and is effective when communicated in a comprehensible manner. Written notice, if in comprehensible form, is effective at the earliest of the following:
4. When received;
5. Five (5) days after its deposit in the United States mail, if mailed correctly addressed with first class postage affixed;
6. On the date shown on the return receipt, if sent by registered or certified mail, return receipt requested, and the receipt is signed by or on behalf of the addressee; or
7. Fifteen (15) days after its deposit in the United States mail, if mailed correctly addressed and with other than first class, registered, or certified postage affixed.

b. Written notice is correctly addressed to a member if addressed to the member's address shown in SCNA's current list of members. A written notice or report delivered as part of a newsletter, magazine or other publication regularly sent to members constitutes a written notice or report if addressed or delivered to the member's address shown in SCNA's current list of members, or in the case of members who are residents of the same household and who have the same address in SCNA's current list of members, if addressed or delivered to one of such members, at the address appearing on SCNA's current list of members.

ARTICLE IV: ORGANIZATIONAL AFFILIATES

Section 1. Qualifications
An organizational affiliate of SCNA is an association that-
  a. Is a national or state organization that meets established Organization Affiliates Criteria.
  b. Has been granted organizational affiliate status by the Board of Directors.
  c. Has paid an organizational affiliation fee to SCNA.

Section 2. Responsibilities
Each organizational affiliate shall maintain a mission and purpose harmonious with the purposes and functions of SCNA.

Section 3. Rights
Each organizational affiliate shall be entitled to
  a. One participant shall have a voice, but no vote, in the SCNA Annual Membership Meeting.
  b. Make reports or presentations to the SCNA Annual Membership Meeting within its area of expertise.
  c. Submit names of representatives for appointment to ad hoc groups, and task forces.

ARTICLE V: DUES

Section 1. Amount of Dues
a. Full Membership includes:
  1. ANA Dues:
     a) SCNA will pay dues to ANA in accordance with the policies adopted by the Membership Assembly.
     b) The SCNA shall continue to pay dues to the ANA pursuant to the ANA Bylaws and Membership Assembly policy. SCNA will follow the implementation of the dues, including the Dues Escalator according to the calendar accepted by ANA.
1. **SCNA Dues:**
   a) The amount of the annual SCNA dues shall be established by 2/3 vote of the Full Members present and voting at the Annual Membership Meeting of the SCNA.
   b) The SCNA Board of Directors may establish a policy providing for an automatic cost of living increase in the SCNA dues...a dues escalator. This dues escalator, based on the Consumer Price Index for urban consumers (CPI-U), will increase triennially at the same time as ANA's inflation escalation and pass through to the ANA SCNA full members with notice but without requiring additional authorization of the Annual Meeting. It will never exceed more than 2 percent per annum. SCNA will follow the implementation of the dues, including the Dues Escalator according to the calendar accepted by ANA.
   c) The Board of Directors shall establish an operating budget for the chapters from the SCNA dues.
   d) No monies shall be refunded nor additional monies collected when a change in dues category is made within a membership year.

b. **State-Only Membership includes:**
   1. State-Only Membership Dues shall be established by the Board of Directors.
      a) State-Only Membership Dues shall include SCNA dues and those fees established through agreement with the ANA for purposes of representation at the national/international level and any service fees.
      b) The SCNA Board of Directors may establish a policy providing for an automatic cost of living increase in the SCNA dues...a dues escalator. This dues escalator, based on the Consumer Price Index for urban consumers (CPI-U), will increase triennially at the same time as ANA's inflation escalation and pass through to the ANA SCNA full members with notice but without requiring additional authorization of the Annual Meeting. It will never exceed more than 2 percent per annum.
      c) No monies shall be refunded nor additional monies collected when a change in dues category is made within a membership year.

**Section 2. Notification of Dues Changes**
The SCNA Members shall be notified in writing of any proposal to change the dues at least sixty (60) days prior to the SCNA Annual Membership Meeting at which the proposal is to be voted upon.

**Section 3. South Carolina Nurse**
Of the dues paid by members, a portion, as decided by the Board, will be for an annual subscription to the Association’s official publication, The S. C. Nurse.

**Section 4. Special Member Dues for Full Members**
   a. Full Members who qualify for the following may elect to pay fifty percent (50%) of the dues:
      1. Registered Nurses who are not employed;
      2. Registered Nurses who are students in full time study;
      3. Graduates of the basic nursing programs for a first year of membership if initiated within six (6) months following graduation and those members who are continuing
in a second year of membership following the condition of (b), for those who were members in good standing of the Student Nurses Association of South Carolina;

b. Full Members who qualify for the following may elect to pay twenty-five (25%) percent of the dues:
1. sixty-six (66) years of age or older, who are not employed
2. new RN’s who were members in good standing of the Student Nurses Association of South Carolina before graduation from their under graduate nursing program, for the first year of membership, if the membership is initiated within six (6) months of licensure.

c. State-Only Members do not qualify for any special member dues rates.

Section 5. Transfers of Memberships

a. A Full Member who moves out of this state may apply to the Secretary of this Association for transfer to another Constituent/State Nurses Association of the ANA. The SCNA is not required to refund to the individual member dues already paid.

b. A Full Member who has made full payment of dues to another Constituent/State Nurses Association of the ANA may transfer to this Association without further payment of dues for the remainder of the membership year. The request for transfer shall be signed by the Secretary of the Constituent Member Association issuing the transfer.

c. State-Only Members who are in good standing may transfer from or to a Constituent Member State that has a State-Only Membership option if an agreement between the Constituent Member States has been established.

d. A State-Only Member who has made full payment of dues to another Constituent Member Association of the ANA may transfer to this Association without further payment of dues for the remainder of the membership year, in compliance with Article V, Section 5 (c). The request for transfer shall be signed by the Secretary of the Constituent Member Association issuing the transfer.

ARTICLE VI: BOARD OF DIRECTORS

Section 1. Definition
The Board of Directors is the corporate body composed of officers, directors, and commission chairs, as elected by the members of SCNA.

Section 2. Composition
a. The Board of Directors shall consist of the Officers of the Association which are President, President-elect, Secretary/Treasurer, two (2) directors one of whom is a newly licensed nurse who graduated within five (5) years from a basic nursing program and who is a direct care provider, and two (2) Chairpersons of the Commissions.

b. President of South Carolina Nurses Foundation (SCNF) or the President’s designee shall be eligible to attend meetings of the Board with voice but without vote.

c. The President of the South Carolina Student Nurses Association or the President’s designee shall be eligible to attend meetings of the Board with voice but without vote.

d. All Chapter executive committee chairs shall be ex-officio members of the Board of Directors with voice, but without vote.
Section 3. Responsibilities

a. Officers shall be elected by mail or elections balloting as hereinafter provided. Candidate for President and President Elect shall also be listed as candidates for representatives to the Membership Assembly of ANA. Vacancies in office shall be filled as hereinafter provided.

b. No members of the Board shall—
   1. serve more than two (2) consecutive terms in the same office;
   2. serve more than eight (8) consecutive years on the Board;
   3. hold more than one (1) seat on the Board at a time;
   4. serve as a member of the Professional Advocacy and Development Commission

c. A Board Member who serves one-half (1/2) term or more shall be considered to have served a full term.

d. Officers shall have the authority and shall perform the duties usually performed by such officers, and also such duties as specified in the SCNA Book of Positions and Roles and as authorized by the Board of Directors of this Association.

e. The Secretary/Treasurer shall have responsibility for preparing minutes of the directors’ and members’ meetings and for authenticating records of SCNA.

Section 4. Vacancies

Absence from two consecutive meetings may be the cause for declaring a vacancy as determined by a majority of the Board of Directors. A vacancy shall be filled by appointment by the Board of Directors with the exception of the office of President. If a vacancy occurs in the office of President, the President-elect shall assume the office of President and the Board of Directors shall appoint a new President-Elect.

ARTICLE VII: EXECUTIVE COMMITTEE

Section 1. Definition

The Executive Committee shall have the administrative power to transact all SCNA business between Board meetings and serves as the personnel committee for the Association; provided however, no committee may authorize distributions; approve or recommend to members dissolution, merger, or the sale, pledge, or transfer of all or substantially all the SCNA's assets; elect, appoint, or remove Directors or fill vacancies on the board or on any committee; or adopt, repeal, or amend the Articles of Incorporation or these Bylaws.

Section 2. Composition

The Executive Committee shall be composed of the President, the President-elect, and the Secretary/Treasurer. Only members of the Board of Directors shall serve as voting members of the Executive Committee.

ARTICLE VIII: CHIEF EXECUTIVE OFFICER

Section 1. Definition

The Board of Directors shall delegate to the Chief Executive Officer (CEO) the authority to manage the association according to policies established by the SCNA Annual Membership Meeting and the Board of Directors.
Section 2. Accountability
The CEO shall be accountable to the Board of Directors.

Section 3. Responsibilities
a. The CEO shall employ, direct, promote and terminate staff of the association.
b. The CEO may represent the association and serve as spokesperson on matters of established policy and positions.

ARTICLE IX: COMMISSIONS

Section 1. Definition
A commission is a specific body of organization and communication to which the Annual Membership Meeting assigns specific responsibilities related to fulfilling the functions of SCNA. Commissions are accountable to the Board of Directors and report to the Annual Membership Meeting.

Section 2. Composition and Designation
The following Commissions are established with membership consisting of the chairperson or designated representative of the structural units listed below each:
   a. Commission on Professional Advocacy and Development
      1. Peer Assistance Program
      2. Continuing Education Approver Committee
      3. Continuing Education Provider Committee
   b. Commission on Public Policy / Legislation
      1. Legislative Committee

Section 3. Responsibilities
Each Commission shall perform the duties as specified in the SCNA Book of Positions and Roles and as designated by the Board of Directors of this association.

ARTICLE X: ELECTED COMMITTEES

Section 1. Definition
The Nominating Committee shall be the only elected committee of the South Carolina Nurses Association.

Section 2. Composition
The Nominating Committee shall be composed of not more than seven (7) Full (SCNA/ANA) members of the Association representative of the fields related to the Committee’s functions.

   a. All Committee members shall be elected by the membership in even-numbered years to serve a two (2) year term.
   b. The elected member receiving the highest number of votes shall convene the first meeting of the committee, at which point the committee shall elect its own chair.
c. Committee members shall be eligible to serve no more than two (2) consecutive terms. A Committee member who has served one-half (1/2) term or more shall be considered to have served a full term.

**Section 3. Responsibilities**

a. The Nominating Committee is responsible for developing and implementing a program of activity to carry out the Committee's functions within the bylaws and policies determined by the Annual Membership Meeting, the Board of Directors and the SCNA Book of Positions and Roles.

b. The Nominating Committee shall determine the extent of the Association’s concerns, actions and influence in its respective area of responsibility.

c. The Nominating Committee shall report and be accountable to the Board of Directors and Annual Membership Meeting.

**ARTICLE XI: APPOINTED COMMITTEES**

**Section 1. Definition**

There shall be the following committees: Committee on Bylaws, Continuing Education Approver Committee, Continuing Education Provider Committee, and Finance Committee.

**Section 2. Composition**

a. Appointed Committees, with the exception of the Continuing Education Approver Committee and the Continuing Education Provider Committee, shall consist of no fewer than five (5) members appointed by the President with the approval of the Board of Directors, unless otherwise specified in the Bylaws, to serve for two (2) years or until their successors are appointed.

b. The Continuing Education Approver Committee and the Continuing Education Provider Committee shall consist of no fewer than five (5) members but no more than fifteen (15) members appointed by the President with approval of the Board of Directors unless otherwise specified in the bylaws, to serve for three (3) years on a staggered basis or until their successors are appointed.

c. Members of the Committee on Bylaws must be Full (SCNA/ANA) Members.

**Section 3. Responsibilities**

a. The authority and responsibility of such Committees shall be the investigation and study of matters relating to the accomplishment of the purposes, functions, and/or administration of the Association of a continuous and recurring character and within the limitations of the defined responsibilities.

b. In addition, the Continuing Education Approver Committee and the Continuing Education Provider Committee shall be responsible for the continuing education approver unit activities and continuing education provider unit activities within SCNA.

c. The Committees shall:
   1. report their findings and recommendations to the Board of Directors and the Annual Membership Meeting;
   2. create subcommittees to accomplish specified tasks related to the Committee’s duties;
3. prepare an annual budget based on the planned income and expenditures and submit it to the Committee on Finance for incorporation into the annual budget;
4. The Continuing Education Approver Committee and the Continuing Education Provider Committee will develop and implement those functions relative to approving and providing ANCC accredited continuing education activities within SCNA.

Section 4. Vacancies
Absence from two consecutive regular meetings of a committee may be cause for declaring a vacancy as determined by a majority of the Board of Directors. A vacancy in a Committee shall be filled by appointment by the Board of Directors from nominees submitted by members of the Committee and structural units of SCNA.

ARTICLE XII: SPECIAL COMMITTEES

Section 1. Definition
There shall be Special Committees as created by the Annual Membership Meeting, the Board of Directors, or other Association units so authorized.

Section 2. Composition
The qualifications and number of members of these Committees shall be determined by the Annual Membership Meeting, the Board of Directors or other Association units so authorized.

ARTICLE XIII: NOMINATIONS AND ELECTIONS

Section 1. Candidates
a. Any Full Member in good standing is eligible for elected or appointed office in SCNA.
b. Any State-Only Member in good standing is eligible for elected or appointed office at the state level with the exception of President, President-elect, and Representatives and Alternates to Membership Assembly of ANA, and members of the Nominating Committee.
c. State-only members may vote for all officers. State-only members cannot vote for the two members to attend the Membership Assembly of ANA or the Alternates to the Representatives or the members of the Nominating Committee.
d. Representatives to the Membership Assembly of ANA shall be a separate election for the two SCNA members of the Assembly.
e. Members shall be considered eligible in one elected office in SCNA at any one time with the exception of the nominating committee and/or Representatives to Membership Assembly or Chapter Officers.

Section 2. Nominations
a. Candidates for office shall meet established qualifications and shall consent to serve if elected.
b. An individual member who meets the established qualifications for an elected office may declare as a candidate by writing to the Secretary of SCNA.
c. The slate of candidates shall be published, in accordance with Article X, Section 3(a), above, in the SC Nurse at least sixty (60) days before the Annual Membership Meeting of SCNA. SCNA members shall be notified in writing in accordance with approved policy.
Section 3. Elections

a. Elections shall be held annually following the approved schedule.
b. Elections shall be by secret ballot prior to SCNA Annual Membership Meeting. The ballot may be by mail or by electronic voting. Mailed ballots will be in accordance with Article X, Section 3(a). Electronic balloting is permitted if the integrity of the ballot is preserved and the SCNA does not access the ballot for purpose of identifying how a member voted and the ballot is available in accordance with Article X, Section 3(a).

Section 4. Challenge

Any challenge to the elections shall be filed with the Secretary within thirty (30) days after the announcement of the election.

Section 5. Action by Written Ballot or Electronic Ballot

Any action that may be taken at any annual, regular, or special meeting of the members, including but not limited to elections, may be taken without a meeting if SCNA delivers a written or electronic ballot to every member entitled to vote on the matter. Such written or electronic ballot shall set forth each proposed action and provide an opportunity to vote for or against each proposed action. Approval by written or electronic ballot pursuant to this section is valid only when the number of votes cast by ballot equals or exceeds the quorum required to be present at a meeting authorizing the action, and the number of approvals equals or exceeds the number of votes that would be required to approve the matter at a meeting at which the total number of votes cast was the same as the number of votes cast by ballot. All solicitations for votes by written or electronic ballot shall indicate the number of responses needed to meet the quorum requirements; state the percentage of approvals necessary to approve the matter other than elections; and specify the time by which a ballot or electronic response must be received by SCNA in order to be counted. A written or electronic ballot may not be revoked.

ARTICLE XIV: REPRESENTATION

Section 1. Member Representation at the SCNA Annual Membership Meeting

a. The SCNA members shall be directly involved in the processes of the Association.
b. The voting body of SCNA at each Annual Membership Meeting or special meeting shall consist of members of the Association who attend the meeting.
c. Each Member, Officer and Board Member shall be entitled to one vote on all matters coming before the Annual Membership Meeting or special meeting.
d. The members at any Annual Membership Meeting may adopt such rules of procedure for the transaction of business at their meetings as they may deem suitable.

Section 2. SCNA Representation at the Membership Assembly of ANA

a. The SCNA is entitled to representation at regular and special meetings of the Membership Assembly of ANA in accordance with ANA Bylaws and policy.
b. All elected Membership Assembly representatives and alternates may serve no more than two consecutive terms or until a successor is elected.
c. The Chief Executive Officer of SCNA shall attend the Membership Assembly, with a courtesy seat.
ARTICLE XV: MEETINGS

Section 1. Authority
This Association shall hold an annual meeting of the membership at such time and place as shall be determined by the Board of Directors, except where government regulations or condition incident upon war may render this impossible.

Section 2. Order of Business
The order of business of each meeting of the Annual Membership Meeting of this Association shall be in accordance with the program adopted at the beginning of the convention and shall include:
Call to Order
Address of the President
Reports of Organizational Units
Reports of the Tellers and Declaration of Election
Adjournment

Section 3. Annual Meeting of Members.

a. This Association shall hold an annual meeting of the members once each calendar year at such time and place as shall be determined by the Board of Directors, except where government regulations or condition incident upon war may render this impossible.

b. At each annual meeting of members, the President and Treasurer shall report on the activities and financial condition of the Association.

c. For the purpose of determining members entitled to vote at any meeting of members, or in connection with any other proper purpose requiring a determination of members, the Board of Directors shall by resolution fix a record date for such determination. The record date set by the Board of Directors shall be not more than seventy (70) days, and not less than the last day for timely giving notice, before the meeting or action requiring determination of members is to occur. If the Board of Directors fails to set a record date, the members at the close of business on the business day on which notice is given or, if notice is waived, at the close of business on the business day preceding the day on which the meeting is held are entitled to notice of the meeting and to vote thereat. The members of record appearing in the books of the Association at the close of business on the record date so fixed shall constitute the members in respect of the activity in question. After fixing a record date for notice of a meeting, the Association shall prepare an alphabetical list of names of all members who are entitled to notice of the meeting. The list shall show the address of each member entitled to vote at the meeting. Subject to the limitations of Sections 33-31-720, 33-31-1602(c) and 33-31-1605 of the Act, such list of members shall be available for inspection by any members for purposes of communication with other members concerning the meeting, beginning the day after notice is given of the meeting for which the list was prepared and continuing through the meeting, at the Association’s principal office. The Association shall also make the list of members available at the meeting, and any member, a member’s agent, or member’s attorney shall be entitled to inspect the list at any time during the meeting or any adjournment.

d. Members and Directors may not vote by proxy.
Section 4. Annual Meeting of Board of Directors

An annual meeting of the Board of Directors shall be called and held for the purpose of annual organization, appointment of committees, and transaction of any other business. If such meeting is held promptly after and at the place specified for the annual meeting of members, no notice of the annual meeting of the Board of Directors need be given. Otherwise, such annual meeting of the Board of Directors shall be held at such time (at any time prior to and not more than sixty (60) days after the annual meeting of members) and place as may be specified in the notice of the meeting. The Board of Directors may by resolution provide for the holding of additional regular meetings without notice other than such resolution; provided, however, the resolution shall fix the dates, times, and places (which may be anywhere within or without the State of South Carolina) for these regular meetings. Except as otherwise provided by law, any business may be transacted at any annual or regular meeting of the Board of Directors.

Section 5. Special Meetings

a. Special meetings of the members of SCNA or the Annual Membership Meeting of this Association may be called for one or more lawful purposes by the President, a majority of the Board of Directors, or by the President upon written request of a majority of the chapters.

b. Special meetings of the Board of Directors may be called for any lawful purpose or purposes by the President or at least twenty percent (20%) of the Directors then in office. The person calling a special meeting shall give, or cause to be given, to each Director at his or her business address, notice of the date, time and place of the meeting by any means of communication acceptable under the Act not less than two (2) days prior thereto. Business transacted at a special meeting of Directors shall be limited to the purposes stated in the notice of the special meeting. An oral notice is permissible if reasonable under the circumstances and is effective when communicated in a comprehensible manner. Written notice, if in comprehensible form, is effective at the earliest of the following:

1. When received;
2. Five (5) days after its deposit in the United States mail, if mailed correctly addressed with first class postage affixed;
3. On the date shown on the return receipt, if sent by registered or certified mail, return receipt requested, and the receipt is signed by or on behalf of the addressee; or
4. Fifteen (15) days after its deposit in the United States mail, if mailed correctly addressed and with other than first class, registered, or certified postage affixed.

Written notice is correctly addressed to a Director if addressed to the Director’s business address shown in the Association’s current records. If notice is given by telegram, the notice shall be deemed delivered when the telegram is delivered to the telegraph company and the transmission fee therefore is paid. If notice is given by telecopier facsimile transmission, the notice shall be deemed delivered when the facsimile of the notice is transmitted to a telecopier facsimile receipt number designated by the receiving Director, if any, so long as such Director transmits to the sender an acknowledgment of receipt. The notice of a special meeting shall describe the purpose of such special meeting. Any time or place fixed for a special meeting must permit participation in the meeting by means of telecommunications as authorized below. Special meetings of this Association
may be called by the Board of Directors and shall be called by the President upon written request of a majority of the Chapters.

Section 6. Notification

Notices of the Annual Membership Meeting or special meetings of this Association shall be sent to the Chair of the Executive Committee of each Chapter and to all members of this Association prior to the meeting in question. Notices of the SCNA Annual Membership Meeting shall be mailed at least one (1) month before the first day of SCNA Annual Membership Meeting and notices of special meetings shall be mailed at least ten (10) days before the first day of the meeting. Oral or written notice of all meetings of members shall be given no fewer than ten (10) days, or if notice is mailed by other than first class or registered mailed, thirty (30) days, nor more than sixty (60) days before the meeting date by any method permitted under the Act, to all members of record entitled to vote at such meeting; provided however, the date upon which such notice shall be deemed effective shall be determined in accordance with Article III, Section 5 hereof. Such notice shall state the date, time, and place of the meeting and, if required by the Act or these Bylaws the purpose or purposes for which such meeting was called.

Section 7. South Carolina Student Nurses Association

Members of the South Carolina Student Nurses Association may attend meetings of this Association.

Section 8. Attendance At Meetings

Any Director may participate in, and be regarded as present at, any meeting of the Board of Directors by means of conference telephone or any other means of communication by which all persons participating in the meeting can hear each other at the same time.

Section 9. Board Action

The Board of Directors shall take action pursuant to resolutions adopted by the affirmative vote of a majority of the Directors participating in a meeting at which a quorum is present, or the affirmative vote of a greater number of Directors where required by the Articles of Incorporation, these Bylaws, the Act, or otherwise by law.

ARTICLE XVI: QUORUM

Section 1. Establishment of Quorum

a. The number of voting members present at a duly noticed meeting of the members shall constitute a quorum for any regular or special meetings of the Association.
b. A majority of the Board of Directors, one (1) of whom shall be the President or President-elect, shall constitute a quorum at any meeting of the Board.
c. A majority of the voting members of any Committee shall constitute a quorum at any meeting of the Committee.
ARTICLE XVII: PARLIAMENTARY AUTHORITY

Section 1. Parliamentary Authority
The rules contained in Roberts Rules of Order Newly Revised, most up-to-date edition shall govern meetings of this Association in all cases to which they are applicable and in which they are not inconsistent with these bylaws.

ARTICLE XVIII: OFFICIAL PUBLICATION

Section 1. Official Publication
The official publications of this Association shall be The American Nurse and The South Carolina Nurse.

ARTICLE XIX: AMENDMENTS

Section 1. Amendment Process
a. These bylaws may be amended at any meeting of the Annual Membership Meeting of SCNA by a two-thirds (2/3) vote of the members present and voting.
b. All suggestions for proposed amendments shall be referred to the Bylaws Committee for study. The amendments proposed by the Bylaws Committee for Annual Membership Meeting action shall be in the possession of the Secretary at least two (2) months before the date of the Annual Meeting and shall be appended to the call to the meeting.
c. These bylaws may be amended without previous notice at any Annual Membership Meeting by ninety-nine percent (99%) of those present and voting.

ARTICLE XX: DISPOSITION OF ASSETS

Section 1. Disposition of Assets
No person shall possess any property right in or to the property or assets of the Corporation. Upon dissolution of the corporation and after all obligations are satisfied, all assets shall be distributed to an eleemosynary corporation or non-profit business so designated by the Board of Directors at the time of disposition.

Approved and Revised: Annual Meeting September 14, 2007
Approved and Revised: Annual Meeting October 25, 2008
Approved and Revised: Annual Meeting September 12, 2009
Approved and Revised: Annual Meeting October 23, 2010
Approved and Revised: Annual Meeting September 9, 2011
Approved and Revised: Annual Meeting September 22, 2012
Approved and Revised: Annual Meeting October 11, 2013
2012 Proviso Removed: December 2014
Approved and Revised: Annual Meeting November 12, 2016
Approved and Revised: Annual Meeting November 3, 2017
MEMORANDUM OF AGREEMENT BETWEEN SOUTH CAROLINA NURSES ASSOCIATION (SCNA) AND ITS SCNA CHAPTERS

2019

I. Purpose: This Memorandum of Agreement serves to assure SCNA Chapters function in line with SCNA by-laws, policies and Certificate of Incorporation.

II. Scope of Services:

A. Responsibilities of SCNA:

1. Provide opportunities to create new Chapters
2. Approve formation and dissolves Chapters
3. Provide a one-time starter fund of $100.00 to assist new chapters.
4. Provide event management that includes:
   i. Conduct site selection process including solicitation of bids from appropriate sites, evaluation of submitted bid material on-site inspection of selected sites meeting event criteria.
   ii. Negotiate and sign all contracts and serve as official point of contact for the event.
   iii. Receive speaker information from committees and sign speaking agreement and handle all details of contract with speakers and obtain all needed forms for CE provision and record keeping. Standard SCNA agreement will include written confirmation to speakers and/or sponsors to convey date, time, location, topic, to request required CE information (objective/content documentation, biographical data form, handouts, etc...), and to specify honorarium and travel arrangements (if applicable).
   iv. Issue appropriate W-9 and 1099 to all speakers who are compensated through SCNA
   v. Complete CE paperwork in partnership with the planning committee representative for event upon receipt of speaker’s materials, and forward to SCNA Continuing Education Provider Committee (CEPC) for review and issuance of American Nurses Credentialing Center’s Commission on Accreditation criteria.
   vi. Conduct site selection process including solicitation of bids from appropriate sites, evaluation of submitted bid material on-site inspection of selected sites meeting event criteria.
   vii. Develop, print and mail event brochure if applicable for event (with advice and consultation of chapter).
   viii. Set final registration rates for conference, based on anticipated expenses and income, and advice/consultation from chapter.
   ix. Receive registration forms and fees; copy and prepare all materials for event.
   x. Provide list of registrants for event and name-tags and assist with on-site registration process.
   xi. Provide all materials related to CE process including CE Verification of Attendance, CE Evaluation Forms and CE certificates.
   xii. Provide additional on-site support for event needs.
xiii. Write letters of appreciation to speakers, sponsors, and exhibitors at the conclusion of event.

xiv. Pay all associated expenses and develop a financial report on income and expenses to share with the chapter chair and the SCNA Board of Directors.

xv. Summarize evaluation forms and maintain all CE related records.

5. Provide financial services to those Chapters having funds on deposit with SCNA – to include filing all required IRS forms.

6. Provide membership information which is based on consent to participate forms and is updated monthly via computer system.

7. Provide communications to chapter members as requested.

8. Provide quarterly space in SC Nurse.

9. Provide space in Annual Book of Reports.

10. Contingent on availability provide meeting space. There may be costs to the chapters.

11. Provide telephone conference capability.

12. Archive materials as transmitted to SCNA.

13. Provide access to web with separate page on website. (Password-protected section for each Chapter, if desired.)

14. Provide election services for Chapters.

15. Create Roles and Position Standards for Chapter Executive Committee membership.

B. Responsibilities of SCNA Chapters

1. Ensure that all Chapter members are members of SCNA/ANA or SCNA-Only

2. Provide members as requested by SCNA to serve on a variety of committees, currently including:
   i. Legislative Committee
   ii. SCNA Convention Planning Team

3. Provide SCNA with names for election to Chapter Officer positions, using the SCNA Election Calendar

4. Comply with Chapter Executive Committee structure in SCNA Roles & Positions

5. Comply with Finance Policy and Procedure Section of SCNA Board of Directors and Committee Manual.

6. Provide the following for events:
   i. Identify purpose, objective and agenda, recommend content, topics, speakers, and share all speaker contact with SCNA staff.
   ii. Make recommendations for workshop site. Final decision made by SCNA Staff.
   iii. Obtain commitment from sponsors willing to underwrite speakers. Must use appropriate forms from SCNA for sponsorship and other financial support.
   iv. Develop workshop budget.
   v. Provide report to SCNA Board of Directors regarding workshop plans.
   vi. Provide list of suggested exhibitors and sponsors.
   vii. Make recommendations regarding brochure for workshop. All event marketing will come through SCNA.
   viii. Designate a person to complete required continuing education forms for submission to SCNA Continuing Education Provider Committee (CEPC) in close partnership with SCNA staff.
ix. Assist staff with on-site implementation (i.e.: introduction of speakers, registration check-in, CE moderating activities, etc.).

7. Adhere to Balanced Budget Policy for Projects of SCNA Chapter found in the most recent edition of the SCNA Board of Directors and Committee Manual

8. Transmit to SCNA all Consent to Participate forms obtained at chapter-level meetings.

III. Terms and Conditions:

A. This agreement shall be effective 2019 or when all parties have signed, whichever is later.

B. SCNA will review this MOA annually. Any cause, default or negligence on the part of an SCNA Chapter at any time may result in dissolution of this agreement.

C. The MOA will be re-executed at the election of New SCNA President with each chapter chair.

D. Amendment. Amendments to the MOA may be made following discussions with the Chairs of the Chapters.

AS TO SCNA BY: AS TO SCNA CHAPTERS BY:

__________________________________________  ________________________________
SCNA President                             Chair of SCNA ___________ Chapter

DATE: _______________________________ DATE:_____________________________

THIS AGREEMENT IS NOT OFFICIAL AND BINDING UNTIL SIGNED BY SCNA CEO.

_____________________________ DATE:_____________________________
Judith C. Thompson
CEO

__________________________________________

Revised: January 2017; January 2018
### Strategic Goals

<table>
<thead>
<tr>
<th>#1 Professional Practice</th>
<th>#2 Advocacy</th>
<th>#3 Organizational Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote and support professional practice in nursing</td>
<td>Advocate for the nursing workforce, healthy workplaces and for the health of the public</td>
<td>Continually strengthen the organizational effectiveness of SCNA</td>
</tr>
</tbody>
</table>

### 2017 - 2019 Targets

<table>
<thead>
<tr>
<th>#1 Professional Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide information to nurses on the ANA Cornerstone Documents (Nursing Scope and Standards of Practice, The Code of Ethics for Nurses and Nursing’s Social Policy Statement)</td>
</tr>
<tr>
<td>• Participate in disseminating information on the future of nursing.</td>
</tr>
<tr>
<td>• Promote and support evidence-based practice for all nurses.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#2 Advocacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Actively participate in legislative policy development and implementation</td>
</tr>
<tr>
<td>• Fund lobbyist firm for SCNA</td>
</tr>
<tr>
<td>• Promote and support programs, products and services that positively impact the health, safety and wellness of nurses</td>
</tr>
<tr>
<td>• Educate nurses about disruptive behavior in the workplace.</td>
</tr>
<tr>
<td>• Support nurses recovering from addiction through the Peer Assistance Program in Nursing (PAPIN)</td>
</tr>
<tr>
<td>• Encourage donations to the SCNA Advocacy Fund</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#3 Organizational Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Promote membership in SCNA</td>
</tr>
<tr>
<td>• Monitor SCNA’s organizational structure and financial practices to maximize efficiency and effectiveness</td>
</tr>
<tr>
<td>• Participate with external publics in the health care arena</td>
</tr>
<tr>
<td>• Provide access to the professional career center, and other membership benefits for members and employer</td>
</tr>
<tr>
<td>• Identify and implement technology that will increase organizational effectiveness</td>
</tr>
</tbody>
</table>
The South Carolina Nurses Association has among its purposes:

1) To promote the quality of life and health care for all people
2) To foster the nursing profession as a leading, positive force in the health care delivery system

To achieve these broad purposes, the SCNA will provide leadership in the legislative and public policy arena

To promote the quality of life and health care for all people in South Carolina, SCNA will:

1) Promote access to and delivery of safe, cost effective, quality health services for the public
2) Protect nursing care services to the public with emphasis in the licensed nurses’ roles as qualified providers of healthcare services
3) Support equal rights and opportunities for all peoples unrestricted by consideration of age, color, creed, disability, gender, health status, lifestyle, nationality, race, religion, or sexual orientation
4) Support legislation that promotes and protects environmental health in the home, at the worksite, in the community
5) Initiate and/or support legislation to assure comprehensive health care services to all people, especially vulnerable populations

To foster the nursing profession in its role as a provider, leader, and collaborator in the health care delivery system, SCNA will:

1) Initiate, monitor and respond to all activity which would affect the practice of nursing
2) Assure nursing participation in planning, development, and evaluation of policies related to health care
3) Support and protect the rights of nurses in the workplace
4) Initiate and support the procurement of public and private funding for nursing education and nursing research

Adopted:
November 15, 2002 SCNA House of Delegates
November 11, 2006 SCNA Annual Meeting
Revised and Approved:
October 25, 2008 SCNA Annual Meeting
October 23, 2010 SCNA Annual Meeting
September 22, 2012 SCNA Annual Meeting
October 24, 2014 SCNA Annual Meeting
November 12, 2016 SCNA Annual Meeting
October 4, 2018 SCNA Annual Meeting
OATH OF OFFICE
FOR
BOARD MEMBER AND CHAPTER OFFICERS
SCNA

Will all newly elected Board members, all continuing Board members, all newly elected Chapter Officers, and all continuing Chapter Officers, please come to the front of the room. Please turn to face the members of SCNA and raise your right hand:

“Will you, as officially elected representatives of the South Carolina Nurses Association, promise to execute to the best of your ability all the responsibilities of your office, to attend all meetings faithfully; To use your position for the advancement of the Nursing Profession; To uphold the Code of Ethics for Nurses with Interpretative Statements, 2015; and to provide to all leadership and careful stewardship of SCNA on behalf of the membership as you are able.”

If you agree to all these requirements of your role, please answer, I WILL.

CONFLICT OF INTEREST STATEMENT

TO BE READ BEFORE EACH MEETING OF THE SCNA BOARD OF DIRECTORS

If anyone has a conflict of interest, or what might be perceived as a conflict of interest, on any topic on the agenda, you should disclose that to me or at the beginning of the agenda item so that the board can address it. A conflict of interest can be financial, or it can involve interests that you might have in other organizations or with respect to particular people, when such interests are related to discussion or decisions of the board of directors.
As a member of the board or committee specified below my signature, I acknowledge that service on a board or committee is an important volunteer position which requires much dedication. My execution of this document (hereinafter “Agreement”) evidences my understanding that these duties outlined herein are essential to the post and indicates my promise to fulfill the obligations and duties of this position.

Duties:
I understand that I will be expected to carry out the duties and adhere to the policies as written in the Book of Positions and Policy Manual or directions specific to the board or committee on which I serve;

Attendance and Participation:
I understand and agree to commit the time, talent and energy necessary to further the work of the board or committee and the mission of the SCNA. As such, I understand that my attendance will be required at board and other meetings and I will arrange my schedule accordingly to meet this obligation. I will prepare for meetings in advance and participate in discussions;

Conflicts of Interest:
In addition to my commitment to engage in behavior that is in accord with *The Code of Ethics for Nurses with Interpretative Statements, 2015*, I shall also engage in behavior that is legal, ethical and consistent with the mission and values of the SCNA. In keeping with these behaviors, I agree that I will not intentionally derive any personal profit or gain, directly or indirectly by reason of my position within SCNA. I will avoid all situations in which my private interests may conflict with the interests of SCNA and I will be mindful of and seek to avoid conduct that could reasonably be construed as a conflict of interest. I understand that I will also be required to sign an Anti-Trust statement at the beginning of each meeting of the Board of Directors;

Authority of Individual Board Members:
I understand that no individual board or committee members can bind or commit the SCNA to contractual, financial or other obligations.

I have read and agree to all of the above:

Signed:                                                                                                                         Date:

Office:
ANTI-TRUST STATEMENT

I have been asked to remind all of you in attendance that various state and federal laws prohibit the exchange of information among competitors regarding matters pertaining to price, refusals to deal, market division, tying relationships and other topics which might infringe upon antitrust regulations, and that no such exchange or discussion will be tolerated during this meeting.

These guidelines apply not only to the formal meeting sessions, but also to informal discussions during breaks, meals, or social gatherings.

Thank you for your cooperation. President, SCNA

Meeting Date ..........................................................

Purpose of Meeting ..................................................

ATTENDEES SIGNATURE REQUIRED:

1.  ...........................................................................
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2019

BOARD OF DIRECTORS, CHAPTER OFFICERS, AND COMMITTEE CHAIRS

President: Tena McKinney
President-Elect: Kelly Bouthillet
Secretary/Treasurer: Amelia Joseph
Commission Chair – Public
Policy/Legislation: Jessica Stricklin
Commission Chair – Professional Advocacy and Development: TK Curtis-Pugh

Director, Seat 1: Jada Quinn
Director, Seat 2: Christina Branham
SNA-SC Representative (Ex-Officio)
Haleigh Clutters
SCNF President (Ex-Officio) Elaine Reimels

APRN Chapter
Chair: Jamie Cuff
Vice Chair: Sheryl Mitchell
Secretary/Treasurer: Robin Traufler
Member at Large: Angela Dykes
Member at Large: Kahlil Demonbreun

Piedmont Chapter
Chair:
Vice Chair:
Secretary/Treasurer:
Member at Large:
Member at Large:

Clinical Nurse Leader Chapter
Chair:
Vice Chair:
Secretary/Treasurer:
Member At Large:
Member At Large:

Psychiatric-Mental Health Chapter
Chair: Kim Gilmore
Vice Chair: Maggie Johnson
Secretary/Treasurer: Julia Coons
Member at Large: Vanessa Thompson
Member at Large:

Nurse Educator Chapter
Chair: Andrietta Barnett
Vice Chair: Vacant
Secretary/Treasurer: Jill Murphy
Member at Large: Debora Stokes
Member at Large: Lynne Hutchison

Women and Children’s Health Chapter
Chair: Mary Wessinger
Vice Chair: Lois Hasan
Secretary/Treasurer: Jennifer Bell Woodley
Member at Large: Heather Schneider
Member at Large: Andrietta Barnett

Legislative Committee Chair: Stephanie Burgess
Finance Committee Chair: Amelia Joseph
Continuing Education Approver Committee (CEAC) Co-Chairs: Weatherly Brice
Continuing Education Provider Committee (CEPC) Chair: Mary Wessinger
Nomination Committee Chair and Committee: Stephanie Davis-Chair, Andrea Coyle, Marian McCray, Paula Ogburn, and Patrick Todd

Thank you for your leadership and service to the nurses of South Carolina!
### 2019

#### MEMBERS SERVING AT THE ANA LEVEL

**ANA Mentorship 2018 Program Mentors In SC**

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda Alwine</td>
<td>Tonja Gannt</td>
<td>Lynne Nemeth</td>
</tr>
<tr>
<td>Helen Ballestas</td>
<td>Christine Gordon</td>
<td>Colleen Reinovsky</td>
</tr>
<tr>
<td>Regina Bradley</td>
<td>Marianne Haugh</td>
<td>Anna Smigelski</td>
</tr>
<tr>
<td>Chesanny Butler</td>
<td>Irene Helms</td>
<td>Melody Sumter</td>
</tr>
<tr>
<td>Sarah Campos</td>
<td>Stacey Hobbick</td>
<td>Melissa Taylor</td>
</tr>
<tr>
<td>Pamela Collins</td>
<td>Kim Kiefer</td>
<td>Patina Walton-Battle</td>
</tr>
<tr>
<td>Cheryl Fieldhouse</td>
<td>James Leach</td>
<td>Mary Wessinger</td>
</tr>
<tr>
<td>Laura Gallagher</td>
<td>Cindy Merrow</td>
<td>Corazon White</td>
</tr>
<tr>
<td></td>
<td>Maryalice Morro</td>
<td></td>
</tr>
</tbody>
</table>

13 Members have been Mentees.

The ANA Mentorship Program facilitates one-to-one mentoring relationships that connect mentees with nurses who have more professional experience. This unique online networking and career development opportunity is free and open only to ANA members. For more information go to https://community.ana.org/mentoring/aboutanamentorship
CURRENT SCNA MEMBERSHIP

*This list was copied from the ANA Membership list as of August 23, 2019. SCNA regrets any errors that may appear in the list.

Iman Abdul-Ali
Amber Abellan
Betty J Abernathy
Carlen Melissa Abernethy
Jacquelyn Abney
Margaret Lee Acres
Deborah Bryan Adams
James Adams
Twanda D Addison
Ellen Soley Adkins
Jennifer S. Ahlin
Lorraine K Aldrich
Ann C Alexander
Elizabeth Alexander
Judith W Alexander
Lyn R Alexander
Heather Alford
Donna Rochelle Allen
Evelman B Allen
Evelyn Christina Allen
Gina D Allen
Nancy Whaley Allen
Dwayne Randolph Alleyne
Brandi Akai Alston
Linda M Alwine
Elaine J. Amella
Darlene M. Amendolair
April Dawn Anderson
Heather Anderson
Jeannette Andrews
Mary E Andrews
Diane J. Angelini
Robbi Angle
Sally R. Ani
Candcyce F. Antley
Holly Marie Archer
Lorraine M Archer
Carol Kellim Archuleta
La Juan H. Ariaill
Patricia Armstrong
Geogia K. Arnold
Dianne J Arrowsmith
Frances Ashe-Goins
Valerie Assey
Heather T. Atkins
Donna Atkinson
Jessica Augeri
Cheryl S Austin
Christin Austin
Debra L. Austin
Lennie M. Austin

Emily Avant
Lynda M Avera
Katie Avery-Smith
Heather Dyan Axelson
Bernadette M Ayer
Sara Ayer
Ellen Amanda Babilon
Andrew Bacon
Gloria A Bacote
Jacqueline Leonora Baer
Susan M. Bafford
Andrea Denise Bailey
Lauren E Bailey
Leanne S. Bailey
Ihuoma Bailey-Smith
Jennifer Lee Bain
Anita Katharine Bainum
GraceAnna Baker
Wendy Kucera Baker
Leegia Balakrishnan
Bevery A. Baliko
Revkah Balingit
Ashley Ball
Julia L. Ball
Helen Ballestas
Andrea Banbury
Stacey Glen Banis
Stephanie Bank
Lisa Rae Banks
Keona Banks-Todd
Shirley L Bannister
Deborah Rhodes Barbee
Janae M Barberio
Cornelia R Barbour
Barbara C Barham
Cornelia Barmore
Marilyn C. Barnes
Serena Brooke Barnes
Andrietta Wright Barnett
Stephanie M. Barnhill
Amy Barrett
Christine Barron
Florence Barron
Stephanie Marianne Barron
Emilee Robin Bartley
Marissa Pace Barmess
Dale S. Barwick
Myra B. Barwick
Katherine Bass
Anne Bavier
Molly Bax

Jennifer J Bazzle
Clifford Adam Beach
Jennifer F. Beebe
Mary H. Behr
Heather E. Belcourt
Jennifer Bell Woodley
Jeetiva S Belton
Angelia W. Bennett
Laine P Bennett
Carol S. Berry
Evelyn Berry
Jennifer Allison Berry
Gaye M Betcher
Katelyn Grace Bethea
Jason Betts
Susan C Beylotte
Shonna Bible
Deona Eileen Bien
Lauren Gabrielle Biggers
Amanda Farish Biondi
Anita L Bishop
Susan Garro Bissette
Robin L. Bissinger
Kelly Michelle Bistline
Brenda Black
Sharon Black
Jane Kay Blackwell
Kaleigh Ann Blaine
Nina E. Blanton
Trevan Blanton
Anna Blestel
Sonya Blevins
Sabrina Blocker
Elizabeth Love Bloing
Paris Bloomfield
Portia Bluford-Briggs
Jennifer M Boatwright
Rodel V Bobadilla
Alecia Arnold Bodiford
Anneke J Bogardus
Julie G Boggs
Anita Marie Boland
Reynaldo V Bolatete
Brittany L Bolin
Era Brideman
Marie W. Bridges
Caitlin W Briggs
Dolores Brigman
Kendell Leann Brinkmann
Richard Brinson

Wanda Marie Brisbon
Melanie Spivey Broadwell
Marsheka Jenese Brock
Melody Brockington
Megan Colleen Brogan
Henry Sawyers Bromley, 3rd
Barbara E. Brooks
Marilyn Patricia Brooks
Paula Beth Brooks
Cara Brotherton
Amy Brown
April Anderson Brown
Audrey O Brown
Catherine M. Brown
Charlene Melissa Brown
Christopher L Brown
Elmer Gerald Brown
Heather Brown
Jeannie Kahle Brown
Jennifer Leigh Brown
Karen M Brown
Katherine Stabler Brown
Kathryn Brown
Laurie Anne Brown
Mary W. Brown
Sarah Brown
Shauna Brown
Tina Michele Brown
Wanda Iris Brown
Lynn Brown-Bulloch
Sanquinettee Brownlee
Melissa Brownlow
Barbara J Bryan
Algie Bryant
Debbie Chatman Bryant
Deborah Bucci
Avis M Buchanan
Diane C Buckner
Diane M. Budnick
Angie Buice
Erin Bulatao-Hollifield
Sharon E Bullard
Stacey C Bumgardner
Zane Bumpus
Amy O’Neal Bunch
Kelli Burba
Andrea J Burcher
Stephanie E Burgess
Tiffany Burnett
Staci P Burrell
Tracey Brooks Burrell
Rebecca A. Burrows
Jennifer Netzley Buson
Natalie Burton
Patricia D Burton
Tammye J. Busby
Caroline Bush
Catherine Elizabeth
Bushnell
Linda S Buster
Chesanny Butler
Savannah Buwolda
Amanda Lorraine Byars
Brenda B Byrd
Melinda Gail Byrd
Carrie Elaine Bishop Cain
Megan Cain
Alice Caldwell
Toriah Janine Caldwell
Irma L. Caldwell-Barber
Deborah J. Camak
Lori Marie Cameron
Jerry Camisa
Andrea Campbell
Cynthia D Campbell
Lindsey Birt Campbell
Lisa Campbell
Myrtleen L Campbell
Sonia M Campbell
Tacorey Sanchez Campbell
Sarah Manglicmot Campos
Megan Cancel
Mary P Canton
Sarah J Cantrell
Charlene Ann Capers
Natisha Denise Capers-Howard
Janet M. Caputo
Maria E. Cardenas
Mindora C Carithers
Laura Carlson
Annette Carnevale
Earline Khalilah Carn-Holmes
Mike Carpenter
Dina Anna Carra
Jennifer Christine
Carrafiello
Chastin N Carrillos
Marsha Wren Carroll
Pinkey Carter
Allyson Cash
Melanie L. Cason
Erin S Castellano
Amanda Faith Castro
Stacey Catoe
Ann Lynn Caughman
Miriam Cauthen
Carolyn C Cavanaugh
Patricia Celley
Evangelina A Ceridan
Vikki L Chadwick
Mary Beth Chalk
Theresa Chandler
Sandra Marie Chaplin
Honey Dawn Chapman
Katherine K Chappell
Thomas M. Chappell
Terri Charland
Deborah K. Charnley
Lili Chen
Deava Chestnut
Rose Cheveres
Angela Sylveone Childers
Cheryl Chisolm
Joyce M. Chisolm
Doris L Chitwood
Maria Teresa Choudhary
Christina Frances
Christensen
Jennifer L. Ciccone
Zinaida Ciobanu
Susan F. Clark
Sandra H. Clontz
Andrea Catania Cocovich
Evelyn R Coe
Cecilia J. Cogdell
Gail G. Cohen
Tessa Inashia-Dayon Cohen
Kristi B Coker
Kendall Cole
Amanda A Coleburn
Courtney M Collier
Ever S Collier
Pamela Ann Collins
Lisa A Cometto
Angela Frick Conder
Tracy Condrey
Barbara Bernice Cone
Mary Celeste Conlon
Carol Connelly
Ruby Contreras
Margaret Conway-Orgel
Barbara A Cook
Diane Cook
Elena Serene Cook
Maureen J Cook
Sonya Maria Cook
Harriet Smith Cooney
Julia C Coons
Crystal Cooper
Pansy J. Cooper
Kara K Cooper Gilmer
Cynthia Corbett
Rebecca Corbett
Traci Elizabeth Corbin
Shelly Cordum
Yaritza Cotto
Amy A Cotton
Christina Cottrell
Katie Coulbourne
Lindsey Coutu
Carolyn Frances Covington
Collene Latoya Cox
DeAnna Cox
Jacquelyn Cox
D. Nicole Coxe
Andrea Louise Coyle
Brooke Brown Coyne
Siri Perry Craft
Brenda Craig
Lori Craig
Ethel L Crane
Heather Craven
Cheryl Denise Crawford
Deborah Kay Crawford-Butler
Mary E Creed
Stacey Lea Cremonni
Shannon Williamson Cribb
Sheila C Cribb
Rebecca Ann Crichton
LaVerne M. Crider
Lerryn U Crocker
Michele S Croft
Pamela R Cromer
Cynthia R Cross
Susan Beatrick Croteau
Kimberly Sherwood Crow
Cathleen Crowley-Koschnitzki
Narzahni J Crumbie
Kara Anne Crumpton-Ott
Jaime Cuff
Crystal Denise Culbertson
Linsey Culbertson
Joan Culley
Mary Beth Culross
Dorothy Anne Cumby
Monique Cunningham
Benita Lena Curnell
Starr H Curtis
Teshieka Curtis-Pugh
Sabra S Custer
Robin B. Dail
Nira G. Daleda
Alice Marie Dalena
Ann B Daniels
Barbara D’Anna
Molly E Dannelly
Sydney Jayne Dantzler
Susan Deatrick Croteau
Stanette M Darrien
Channing Dasher
Angie Kimberly Davis
Annie Priscilla Carve Davis
Carlotta M Davis
Emma Jo Davis
Janie Marie Davis
Kenneth Davis
KIMBERLY Davis
Lisa F Davis
M Jerdone Davis
Niovia Davis
Stephanie C Davis
Jessica Davis Atkinson
Tanisha Leann Dawkins
Daria P. Jeffers
Coretta M. Jenerette
Carolyn M. Jenkins
Cassie Jenkins
Deborah M Jenkins
Tiffany Leshelle Jennings
Elizabeth Ann Holloway
Jensen
Gwendolyn F Jensen
Sarah Jewell
Taylor Lauren Joest
Jeanine Marie Johansen
Ashley Johnson
Bonne Johnson
Charlyn Beth Johnson
Denean S Johnson
Edna Johnson
Jessica S Johnson
Julia Maria Johnson
Kristina Marie Johnson
Margaret S Johnson
Mark H Johnson
Merrilynn O. Johnson
Pamela S Johnson
Patricia F. Johnson
Pierrene K. Johnson
Rebecca Lynn Johnson
Rhonda Johnson
Shameka Nicole Johnson
Valerie Johnson
Vicky Johnson
Vincent Bernard Johnson
Lauryn Johnston
Shelly Johnston
Kimberly Jolly
Anna M. Jonason
Carolyn P. Jones
Catherine Jones
Ciji Jones
Debbie S. Jones
Dianna L Jones
Erin R Jones
Eunice Denise Jones
Jamie Jones
Karen D Jones
Kylie Nickia Jones
Laurie A Jones
Lena Marie Jones
Rebecca Helnick Jones
Robin Jones
Rosa Ann Jones
Ginger Marie Jordan
Amanda Paige Jordan-Chipley
Marcille Jorgenson
Amelia Joseph
Joseph JAMES Josey
Georgina M. Julious
Leslie R. Justice
Jennifer S. Justus
Jamie Marie Kabanuk
Alice Kamin
Florence T Kammardt
Birdella Kane-Crook
Cynthia A. Karmasin
Lyndsey Kasprzyk
Rose Kearney-Nunery
Matthew Keaton
Hazel Lucile Keels
Patrice Keesee
Tracy Elizabeth Keisling
Tracy Elizabeth Keleva
Teresa J. Kelechi
David Matthew Kelly
Nanette C. Kelly
Lynette S. Kemp
Yolanda Kendrick
Bernice R Kennedy
Charlotte Kennedy
Coleen Renee Kennedy
Sarah Kennedy
Thomas Wesley Kennedy
Kim Kiefer
Janice Wright Kilby
Janice M Kilgallon
Colleen M Kilgore
Christanna L Kindt
Beatrice Lynn King
Donna Marie King
Elizabeth A King
Crystal Antwanette
Kingcade
Kristy L Kinney
Catrina I. Kinsey
Nina R Kirchgessner
Erica Kirkland
Amanda Faye Kirkpatrick
Kirklin Elise Kirkpatrick
Catherine Carol Kirton
Kristina Michelle Kirven
Arnell C. Kithcart
Lori L Knarr-Stanley
Jessica Dolores Knebel
Elizabeth Wagoner Knight
Shirley G. Knight
Melinda Ann Knoode
Sarah Knorr
Marylynn E. Koerber
Sherry Kolb
Sia Komba
Shawn Elizabeth Kouba
Margaret B. Kroposki
Stephanie Kruczkiewicz
Aimee L Kuhn
Sandra Kaye Kuhn
Barbara Kurent-Byrum
Katherine Sullivan Kyle
Patricia Labbe
Juliana Lacandalo
Crystal Bianca Ladson
Erica Ladson
Carrie Marie Laird
Joyce Lambert
Samantha Renee Shaw
Lancaster
Lisa Ann Lane
Elaine J Lang
Lisa M Langdale
Amanda Thomas Langford
Kathryn Lanter
Elizabeth Marcel Laorenza
Roxanne LaPointe
Tracy Ann Larson
Ginger Michell Latimer
Elizabeth Dawn Lattimer
Naomi Lattin
Laura Lauzon
Janelle Lavoie
Elizabeth H. Lawson
Theresa G Lawson
Claudia Elaine Lawton
Debra K Layer
Juliana A. Layfield
James Leach
Jeremy Michael Leaf
Clare T Lee
Deborah D. Lee
Elizabeth Alcyone Lee
Katherine Lee
Ralonda Tiona Lee
Lindsay Marie Legrand
Mariola Leja-Peden
Shelley Lemerande
Ebony Letmon
Ronni Hickman Leviner
Kayla Levy
Yolanda Y Levy
Christine Milligan Lewis
Kimberly Fowler Lewis
Penelepe R Lewis
Tanya Lewis
Michelle A. Liken
Nancy Lim
Jane Mayes Link
William Andrew Little
Renee Elise Litton
Penkeisha Livingston Reed
Sheila Locklair
Wanda A. Loftin
Deborah Logan
Debbie Jean Lomax-Franklin
Bridget Thomas Long
Frances C. Long
Karen Yonne Long
LynMarie Long
Catherine Longshore-Schmidt
Beatriz Lopez Martinez
Renatta Loquist
Elizabeth Anne Lorick
Brian Lorimer
Tanya F Lott
Amber Love
Valentina Love
Berry Scott Lovering
Fauntella Lowe
Georgina Anne Lucas
Jaycln Blair Luccese
Stephanie C Luper
Sharon Denise Lupinski
Sarah K Lustig
Brett Duke Lynam
Mitch Lynn
Colleen Lyons
Donna W Macalear
Esperanza Macalincag
Patricia A. Macaruso
Cynthia L Macdonald
Robin Machajewski
Sharon Elizabeth Mack
Marlene C. Mackey
Joann L Madden
Andrea Bree Maddray
Gaynell Smith Magwood
Melissa Makig-Angay
Sylvia A. Mallory
Donna D Manly
Charity Lynn Manning
Peggy M Manning
Jalen Maxell Manor
Jerry A Mansfield
Helen Lynne Marcus
Benjamin E Maret
Heather R Marlowe
Kathy B. Marsh
Tonya Marshall
Aimee Wiggins Martin
Amber Martin
Cheryl Martin
Christina B Martin
Karen M Martin
Mary M Martin
Sharon E Martin
Mary S Martine
Margaret Nancy Martini
Deborah Susan Martin
2019 South Carolina Nurses Association
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Naomi L Smalls
Kimberly Smart
Patricia A. Smart
Shayna Larissa Smart
Anna Marie Smigelski
Brodrick Darren Smith
Carla Smith
Elizabeth Smith
Georgette M. Smith
Jacqueline Kim Smith
Jeffrey Joseph Smith
Karen R Smith
Kimberly ANNE Smith
Kylie Smith
Machelle Speicher Smith
Nancy L. Smith
Pamela Gowan Smith
Pamela Jean Smith
Patricia P Smith
Roy Hampton Smith
Shannon B Smith
Sharon Exum Smith
Stacy Perron Smith
Steven Smith
Tammy C Smith
Terri Helms Smith
Theresa Gent Smith
Tracie Smith
Megan L Smola
Donna Jo Smolenski
Katherine Smyly
Nancie V Sneed
Courtney L. Snell
Gina Snell
Tracie T Snider
Samantha Snively
Nichole L Snow
Angela A Snowden
Elizabeth F Snyder
Tiffany Solari
Renee Soler
Elaine R Sommer
Frances Sorrow
Robbie M. South
Ricardo Jorge Souza Leao
Margaret P. Spain
Katherine Sparacino
Debbie Spells
Jeannette E Spence
Barbara Dianne Spoon
Linda S Spratt
Rosemond Yolande
Squirewell
Lauren St Armand
Elizabeth A. Stachelek
Erika Sharmene Stack
Lori M Staelens
Cameron Stall
Karen I. Standish
Angela Y Stanley
Ruth J. Stanton
Karen L Staples
Alyssa Starkey
Barbara Jean Steadman
Katie Steidle
Maryann T. Steinmetz
Margaret M Stelzer
Gina MARY Stenstrom
Charlotte H Stephens
Jacoty Stephens
Jacqueline G Stephens
Sarah Rebecca Stephens
Teresa Maggard Stephens
Victoria Stephens
Brianna Michelle Stevens
Vanessa Rae Stevens
Adrian Michelle Stevenson
Amy M Stewart
Cheri Cannon Stewart
Jemme B Stewart
Stephanie Lynn Stewart
Margo Marie Stilley
Joseph M Stocking
Kimberly L. Stockstill
Mary Stoddard
Pamela Jane Stogner
Eugenia R Stoker
Debora Rae Stokes
Farah Stokes
Stacy Massey Stokes
Stacie Lynn Stone
Betty Strawhorn
Courtney Nicole Strickland
Pamela Strickland
Jessica Wingard Stricklin
Mary L. Strossner
Sally Stroud
Gail W. Stuart
Doreen Stubbs
Ann Pikus Stuck
Judy Stuck
Veronica Stukes
Deanna Suber
Kimberly Sudduth
Tammy L Sullivan
Tracy Sullivan
Betty M Summer
Sherri Summers
Melody Sumter
Elizabeth O'Connor
Swanson
English Leeanne Sweat
Schinitra Ti'Onette Svinney
Wilma Kay Swisher
Joyce Swygert
Martha Sylvia
Laura L. Szadek
Lisa Carol Tabakian
Susan Tanner
Abbey Tapler
Jami Maranda Tapper
Norma J Taveras
Amelia Taylor
Amy E Taylor
Brandi Nicole Taylor
Chelsea Diana Taylor
Connie L. Taylor
Jaclyn Michelle Taylor
Lindsey N Taylor
Margaret C. Taylor
Margaret Cone Taylor
Melissa Taylor
Melissa C Taylor
Susan W Taylor
Zerlinna Teague
Michael James Tedeton-Johnson
Elizabeth Taylor Tedford
Heide S Temples
Connie F Terry
Meredith Morris Thackston
Juanita W. Thaxton
Kimberley Theuerl
Barbara Thomas
Cuckoo Mariam Thomas
Donna R Thomas
Melissa Thomas
Patricia S. Thomas
Susan A Thomas
Thais O. Thomas
Erin Thompkins
Alisha Thompson
Audrey Thompson
Carol Warren Thompson
Denise W Thompson
Karen E. Thompson
Kristy Laguna Thompson
Michelle Thompson
Taylor Nicole Thompson
Vanessa Thompson
Teresa Lynette Thompson-Isley
Jane Threatt Garvin
Jason Richard Thrift
Mona Thrift
Anita L. Throwe
Susan C Thrower
Deborah C Thompson-Isley
Angela M. Tronco
Vincencia Trowell
Ludmila Dmitrievna
Tsyplakova
Sandora L. Tucker
Elizabeth B Turnialian
Mary Stovall Turman
Sarah Turnbull
Deborah Comeaux Turner
Natali Laverne Turner
Laroya Sha Ulmer
Donna McInnis Usher
Penelope L Vachon
Kandi Valentine
Ashley Valipour
Elizabeth Van
Suzanne M Van Kirk
Beth L Vanorsdale
Kathy Vanraen stein
Connie B. Varn
Jane Marie Vaughan
Javan B Vaughn
Javan Vaughn
Jennifer B Vaughn
Robert M. Vedders
Terry Lynn Verdin
Patricia A. Versailles
Bailey Vevon
Robert L Vick
Melissa Dawn Vorpahl
Mary S Wachowsi k
Donna C. Wade
Samantha Wadford
Allison Wagenlander
Tonya Wagner
Barbara R Wagstaff
Shannon Paige Wakefield
Sharon Walb
Patricia G. Waldrop
Janet R Walker
Karen Elaine Walker
Margaret L Walker
Natcha Deshawn Walker
Raquel Kelly Walker
Kelly Renee Wall
Patina S. Walton-Battle
Serge Raoul Wandji
Anna Wannamaker
Lanesia Wannamaker
Jamie Elizabeth War button
Mary Ward
Mary Jo Tone
Gale Nadine Touger
Amanda A Townsend
Willie Mae Trapp
Robin E Trauffer
Make'Da Joi Traynum
2019 South Carolina Nurses Association

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Sarah Mae Ward
Deborah Warden
Denise Ward-Johnson
Barbara J G Warner
Evelyn Denise Washington
Kwanza Washington
Leila Washington
Norma Jean Washington
Tiffany N. Washington
Candace A. Waters
Phyllis Love Watford
Emilienne Y. Watonsi
Julia M Watson
Tabitha Watson
Kelly M Watts
Kellye G Watts
Roxie Diann Watts
Karen Weaver
Mary E Weaver
Lee A Webb
Robyn Marie Webb
Juliana Weeks
Ella S Weinkle
Grit Weinstein
Dorothy H Weiss
Joy Lynne Welling
W. Zeh Wellington
Kelly Wells
Linda M. Wells
Mary F Wessinger
Elizabeth J. West
Amanda Westhart
Margaret Ann Wetsel
Ginger Whaley
Holisa C. Wharton
Shannon Wheeler
Michael S Whitaker
Billie White
Corazon White
Lindsey White
Robert Gail Whiteaker
Myra Anita Cannon Whiten
Margaret Whitfield
Robin L Wideman
Anna Wiegener
Amanda Wilburn
Miriam E. Wilchanovsky
Debra Wilcox
Esther Marcia Wilds
Lavena S. Wilkes
Suzanne S Wilkins
Laura Burgess Willard
Carlin Willett
Amber P Williams
Amy Allen Williams
Angeline Elizabeth Williams
April Gayle Williams
Austin Williams
Bonnie Jean Williams
Bruce K Williams
Davidia Williams
Donna Lee Williams
Donna Williams
Ernestine I. Williams
Evelyn Casey Wiseman
William
Gertrude Williams
Jennifer Williams
Jermaine Edward Williams
Jessica E. Williams
Kathleen E Williams
Kimberly Renee Williams
Lisa T Williams
Maxine E Williams
Michelline Cooper Williams
Sarah D. Williams
Susan Chamberlain Williams
Terry Carlisle Williams
Tiffany Williams
Virginia Williams
Darlene Hicks Williams
Dunlap
Sara Williamson
Amber Willier
Crystal Lee Willis
Lindsey Willis
Annie E. Wilson
Beverly Cecile Wilson
Crystal G Wilson
Gina G Wilson
Jackie Wilson
Jackie Haas Wilson
Lashunda Pixley Wilson
Lucretia D. Wilson
Melisa C. Wilson
Randall Ann Wilson
Shannon T Wilson
Toccora Wilson
Victoria W. Wilson
Tameka Jordan Wimbush
Michael R Winfree
Sharon G Wise
Ruth Wittmann-Price
Donna L Wolff
Linda M Woodfin
Hightower
Angela Denise Woods
Anne Woodward
Candace Woodward
Duveen L. Woolbright
Elizabeth Woolridge
Eric Wooten
Carolyn Wray
Barbara Ann Wright
Cassandra Wright
Cindy Joy Wright
Ella Wright
Kameka Wright
Lynn Wright
Randy Wright
Sandria K Wright
Susan C. Wrigley
Joanne E Wuori
Alice F Wyatt
Amy Wyman
Christina Wynn
Lorryn Yager
Beverly Yancey
Ana B Yanes
Shihchia Scarlett Yang
Jessica Yath
Tracey Yazvac
Deborah Lynne Yeargin
Kimberly Yodice
Janet A York
Tammy Ida Younan
Harriet S Young
ShaReda Young
Lydia R Zager
Alyssa Nicole Zalar
Nancy B Zalas
Geoffrey Brian’T Zander
Joan Zangas
Angela C Zeigler
Suzanne Zelling
Karen Zimmerman
Lea Anne Zimmerli
Sandra Zimmerman
Shannon Zimmerman
Judith Marie Zink
Lynette Zitzner
SCNA President: Tena McKinney
Number of BOD Meetings Attended: 2 of 2 to date

2019 Activities:
Dear SCNA Members,

It has been such a rich and satisfying experience for me to serve as the SCNA over the past year. Under Dr. Sheryl Mitchell’s presidency, we experienced two years of intense legislative activity and success. This year, SCNA lobbied for the passage of the tax break for clinical preceptors and monitored other bills on your behalf. The new preceptor law is greatly beneficial to our health professions students by providing additional clinical learning experiences across South Carolina. The SCNA Board of Directors members and CEO also represented you on many committees, in federal, regional and state meetings, and in health systems. We offered positions related to patient advocacy and provided the unique perspective of nursing to our colleagues and partners. The SCNA Board of Directors met quarterly except for the July 2019 meeting (no quorum). Preparations and writing for the “SC Nurse” occurred throughout the year. Please find a bulleted list of some of my activities as president from January 2019 to August 2019. Some meeting notes are included.

January 2019
SCNA Board Member orientation
SCNA Board of Directors meeting

February 2019
Attended South Carolina Institute of Medicine and Public Health Workforce Task Force Meeting
  • Reviewed recommendations
Meeting with the CEO
  • SCNA updates
Meeting with Mr. Graham Adams: SC Office of Rural Health
  • SC Office of Rural Health (SCORH) to create a heat map of care needs across SC based on the location of currently practicing providers
  • SCORH to offer a tool kit for NPs on how to open their own practices
ANA Pres-Ed Call
  • Topics: Increase diversity of nursing; Increase nursing engagement with consumers- Nurses as advocates and activists; ANA and C/SNA relationship; National Nurse Act ANA will remain neutral on this Act; Staffing study and development; Work place violence & bullying; Title VIII reauthorization (supports nursing education); Opioid legislation; background checks for gun purchase; New Nursing Practice Advisory Group; National Nurses Week (NNW) May 6-12, 2019. NNW Webinar Wed. May 8, 2019. Review the NNW ToolKit; Healthy Nurse Healthy Nation MUSC one of two winners of $10K to fund healthy activities for nurses; Strategic Communications- how do we communicate, what are our messages, right info in the right channel of communication

March 2019 Met with SCORH’s Jessica Seel
  • Opportunities for APRNs in rural areas
  • Loan repayment for rural practice
  • Rural placement assistance through SCORH
  • Turn-key program to set up a rural independent practice
Other Activities and Progress:
- Created spreadsheets from SC Deans & Directors for Academic Strategic Plan
- Created spreadsheet for SCNA Board Goals
- Searched and secured marketing & branding speaker for April 12, 2019 meeting
- Began SCNA leadership development conceptualization

April 2019
- ANA GOVA call- Federal legislative update
- Participated in ANCC Continuing Education Virtual Visit: Rosie Robinson, Judy Thompson, Nelda Holt, Mary Wessinger, Shara Rose, Weatherly Brice. ANCC Continuing Education Virtual Visit was conducted with a polished presentation by the SCNA CE provider and activities approvers.

ANCC Virtual Visit Approver Unit Agenda
- Introductions/Role of Virtual Visit Participants
- Demographics/Organizational Overview
- Review Process: Individual Activity Applicants
- Review Process: Approved Provider Applicants
- Structural Capacity Criteria
- Educational Design Criteria
- Quality Outcomes Criteria
- Questions
- Strengths of the Approver Unit
- Areas for Improvement of the Approver Unit
- Summary
- Next Steps

ACONE and Deans and Directors Meeting

ANA GOVA CALL
- Topics: HR 2150 Allows APRNs to prescribe home health & hospice w/out MD supervision
- Workplace violence prevention plans (hospitals codify the OSHA standards)
- Healthy Nurse Healthy Nation more associations are joining. Wellness program for our members.
- AGENDA: Environmental Scan of State Policy/Legislative – Regulatory Activity; How Can ANA Help (Janet Haebler); Registered Veterinary

Remaining GOVA Call Dates in 2019
- June 12
- August 14
- October 9
- December 11

May 2019
ANA Webinar: 4 Million Reasons to Celebrate with ANA President, Earnest Grant
Convention Leadership Planning
ANA Pres/ED Call
Recruitment of Convention Speakers
June 2019
ANA presidential candidate endorsement policy call
ANA Membership Assembly preparation
ANA Membership Assembly attendance June 20-22 in Washington, D.C.

July 2019
SCNA Convention preparation and calls with leadership
SCNA Board of Directors meeting cancelled due to no quorum (summer vacations)

August 2019
ACONE meeting
Dean’s and Directors’ meeting
SC Nurse column
Annual meeting president’s report

I look forward to another exciting year at SCNA!
Be sure to renew your membership to support SC nurses, nursing education, and legislative advocacy.

SCNA President-Elect: Kelly Bouthillet
Number of BOD Meetings Attended: 2 of 2 to date

2019 Activities: 2 of 2 to date
In January 2019, I transitioned to the position of SCNA President-elect and attended our first board meeting of the year on January 19th which set our agenda and goals for the year, led by our new President Tena Hunt McKinney and other members of the SCNA leadership. During the first board meeting, the new structure for planning the annual SCNA Conference and Convention was introduced with myself as State Planning Chair and Chapter Chairs as State Planning members. The goal of the new format was to alleviate the task of procuring speakers on the administrative staff and to have the chapters be responsible for obtaining speakers and preliminary information first, followed by contract completion by SCNA administration. The team met 3 times in person and virtually, as well as conducting business via email and phone calls. Overall the new process for conference planning went well, and was a work in progress, as during this time the SCNA underwent accreditation while the State Planning Team began the bulk of the convention planning. For the chapter leaders and myself, the tasks of planning at this level was new with many lessons were learned along the way which will undoubtedly assist us with next year’s planning. On March 30th, I coordinated a small networking event in the Hilton Head Island-Bluffton area of the Lowcountry to discuss professional practice issues affecting nurse practitioners (NPs). Dr. Kahlil Demonbreun graciously agreed to lead the discussion for some of our newer NPs in the community and share important topics relevant to practicing in South Carolina. Lastly, in efforts to improve communication, increase our social media presence and bring both RNs and APRNs together, I created an Instagram account (@scnurses) while becoming an administrative user on the SCNA Facebook page. It is important that leadership continue to find innovative ways to reach out to all members through the use of technology to share news and events as well engage and encourage participation and networking. In addition to the above-mentioned items, I have remained active in the APRN Chapter; working together with chapter members, to ensure that APRNs are able to achieve the needed credit hours for license renewal. Our work also focused on obtaining
quality speakers, interesting sessions and topics for the conference agenda as well as keeping important legislative topics at the forefront that impose unnecessary restrictions to providing safe, competent care across the state. During these first 8 months as President-elect, I have had numerous opportunities to represent our state and connect with nurses, various organizations and professionals locally, regionally and nationally. I have had the privilege of participating on ANA national Policy/legislative and Practice C/SNA conference calls which discuss diverse clinical, policy and other issues facing professional nursing across the country. I have also had the opportunity to work with other professional nursing organizations on legislative issues, including the SC Emergency Nurses Association on House Bill S319 regarding violence against healthcare providers, which is currently in the Senate committee and also part of the SC Coalition for the Care of the Seriously Ill (SC CSI) to develop and pass the Physician Orders for Scope of Treatment (POST) legislation. Other initiatives include supporting national policies to promote healthy environments, reduce restrictions to practice for APRNs and promote nursing education such as the Title VIII reauthorization legislation and #EndNurseAbuse campaign just to name a few. As I look forward to the end of this year and into next, I will continue to strive towards bringing nurses together and promote professional and mentoring practice, to strengthen our voice and our potential, and most importantly, to advance health care and improve patient outcomes.

Nominations and Elections Committee: Stephanie Davis
Number of Members: 1
Number of Meetings: 1
Average Attendance: 3-4
2019 Activities: Secured nominations for the upcoming 2019 ballot
2020 Goals: Continue to recruit stellar candidates for SCNA positions

SCNA Secretary/Treasurer: Amelia Joseph
Number of BOD Meetings Attended: 2 of 2 to date
2019 Activities: No Report

Finance Committee: Amelia Joseph
Number of Members: 3
Number of Meetings: 1
Average Attendance:
2018/19 Activities: The committee meet in December of 2018 to create the 2019 budget to the SC Board of Directions. The 2019 budget was approved. New Membership Benefits include: Commerce Visa and Met-Life Auto.
2020 Goals: 

Director, Seat 1: Jada Quinn
Number of BOD Meetings Attended: 2 of 2 to date
2019 Activities: No Report.

Director, Seat 2: Christina Branham
Number of BOD Meetings Attended: 1 of 2 to date
2019 Activities: No Report
Chair Commission on Policy / Legislation: Jessica Stricklin
Number of BOD Meetings Attended: 1 of 2 to date

2019 Activities:
This year I was privileged to take part in the American Nurses Advocacy Institute, a year-long program dedicated to improve the political and media competence of nurses. This program has better prepared me to serve as an advocate for the many issues facing the profession. On Hill Day we met with key legislators on Title VII Nursing Workforce Reauthorization Act (S. 1109), The Safe Staffing for Nurse and Patient Safety Act (H.R. 50525/S. 2446), The Support for Patients and Communities Act (H.R. 6). This was an exhilarating time of advocacy for issues that matter to nurses.

A continuing legislative priority for the SCNA is the passage of a bill to help protect nurses in the workplace. Through committee, legislators of the General Assembly have heard the pleas of nurses who have been victims of workplace violence. The SCNA will continue to monitor and advocate for passage of safe-guards on this and a myriad of other topics important to nurses.

Legislative Committee: Stephanie Burgess

2019 Activities: The adjournment of the General Assembly in May, with returns to adopt the budget saw the completion of the first year of the two year session. Plans are underway for the second year of the session as well. Work continues in the interim on several topics sure to be in interest to nurses in SC.

Below in this article are bills of interest to nurses and nursing that have been part of the 2019 session.

Stay tuned as the General Assembly finishes the Budget and prepares for the 2020 section of the two year session. SCNA has been delighted to have the excellent services of the Mike Daniels firm working with us this year. Wanda Crotwell and team have been superb! Thank you!

Listed below are bills that SCNA has been interested in during the 2019 session, many of which will be carried over to the second year of the 2019-2020 session of the General Assembly.

**Bills that passed as of August 2019**

**2019 Advanced Practice Registered Nurse Act, H.3821/Act 87**
The 2019 Advanced Practice Registered Nurse Act (APRN) Act amends S.C. Code Section 40-33-34 to authorize an APRN, unless otherwise provided in the practice agreement, to certify the manner and cause of death, execute a do not resuscitate order and prescribe Schedule II narcotic substances for patients in long-term care facilities. This APRN 2019 Act supplements the legislative changes enacted in 2018.

*Effective Date: July 23, 2019*

**Physician Orders for Scope of Treatment Act, H.4004/Act 89**
The Physician Orders for Scope of Treatment (POST) Act adds Chapter 84 to Title 44. The POST Act allows an individual to execute a form for use as part of advance care planning, in situations where the patient has been diagnosed with a serious illness, or based on medical diagnosis, may be expected to lose capacity within twelve months, and consists of a set of medical orders signed by a patient’s physician addressing key medical decisions consistent with patient goals of care.
concerning treatment at the end of life that is portable and valid across healthcare settings. DHEC oversees the POST form and its future iterations. DHEC must also create a statewide, uniform process for identifying a patient who has executed any advance directive, a POST form, or a combination of the two. The POST Act allows APRNs to create, execute and sign a POST form if authorized in his or practice agreement, and allows a Physician Assistant (PA) to create, execute and sign a POST form if authorized in his scope of practice guidelines.

Effective Date: May 24, 2019

Persons Authorized to Make Health Care Decisions for a Patient Unable to Consent, H.3602/Act 85
The Act provides that where a patient is unable to consent, decisions concerning his healthcare may be made by a list of persons in the order of priority appearing in the law. Previously, the third person in the priority order was “a person given priority to make healthcare decisions for the patient by another statutory provision.” That line was moved to ninth in priority, and the word “priority” was replaced by “authority.” A tenth individual was added and provides that, after good faith efforts, the hospital or other health care facility determines that the persons listed in existing law are unavailable to consent on behalf of the patient, a person who has an established relationship with the patient, who is acting in good faith on behalf of the patient, and who can reliably convey the patient's wishes but who is not a paid caregiver or a provider of health care services to the patient, may make healthcare decision for the patient who is unable to consent.

Effective Date: May 24, 2019

Opioid Antidote Included in Prescription Monitoring Program and Mandatory Electronic Prescribing of Controlled Substances, H.3728/Act 65
The Act requires DHEC's Bureau of Drug Control to include the administration of opioid antidotes within the Prescription Monitoring Program (PMP). A practitioner or the practitioner’s authorized delegate who must review a patient’s controlled substance prescription history, must also review the history of the administration of an opioid antidote to the patient. Pursuant to the Act, if a person is administered an opioid antidote in a hospital emergency department or other health care facility and the supervising physician diagnoses the patient as having experienced an opioid overdose, a health care facility must report the administration to the DHEC Bureau of Drug Control for inclusion in the PMP. Similarly, a first responder who administers an opioid antidote shall report to the DHEC Bureau of Emergency Medical Services information regarding the opioid antidote administration for inclusion in the PMP. The Act also requires a practitioner to electronically prescribe controlled substance prescriptions, with listed exceptions.

Effective date: January 1, 2021

Female Genital Mutilation, H.3973/Act 71
The Act prohibits genital mutilation of a female who is under the age of eighteen years or who is unable to consent, with few listed exceptions. A physician, physician-in-training, nurse, certified nurse-midwife, or any other medical professional who performs, participates in or facilitates a genital mutilation procedure that does not fall under one of the listed exceptions is subject to criminal penalties and shall have his professional license or certification permanently revoked.

Effective Date: May 16, 2019

Neonatal testing, H.3036/Act 55
The Act requires neonatal testing performed pursuant to S.C. Code Section 44-37-30 to include tests for Krabbe disease, Pompe disease and Hurler syndrome. The Act also requires DHEC to
establish the Newborn Screening Advisory Committee to review the feasibility and advisability of including additional disorders in neonatal testing. 

**Effective Date:** May 16, 2019, but the implementation of the Act is contingent upon available funding from public sources.

**Medical Malpractice Liability Joint Underwriting Association, H.3760/Act 67**

Effective on January 1, 2020, the Patients’ Compensation Fund shall merge into the South Carolina Medical Malpractice Association. The surviving entity is the Joint Underwriting Association and referred to as the South Carolina Medical Malpractice Association. The board of directors for the South Carolina Medical Malpractice Association shall include four medical providers after consultation with the South Carolina Medical Association, South Carolina Hospital Association, the South Carolina Nurses Association and the South Carolina Dental Association.

Any licensed health care provider is entitled to apply to the association for coverage.

As of January 1, 2020, all insurers authorized to write on a direct basis bodily injury liability insurance, with exceptions, must pay an assessment equal to their proportional share of twenty percent of the accumulated deficit of the joint underwriting association. Beginning on January 1, 2020, a uniform assessment of not less than two percent and not more than six percent of the net-written premium must be assessed against each member of the association in order to eliminate the accumulated deficits of the association and the fund. Assessments must cease when both accumulated deficits have been fully eliminated or on December 31, 2035, or whichever occurs first. Also beginning on January 1, 2020, a surcharge on premiums shall be assessed on association policyholders equal to the assessment percentage amount on members. The Act provides additional details on these assessments and includes definitions.

**Effective date:** May 16, 2019, with some provisions taking effect at a later date.

**Bills still under consideration**

**S 0455 General Bill, By Alexander, Climer and Davis**

A bill to amend section 40-1-630(a) of the 1976 code, relating to temporary professional licenses, to provide that a board or commission shall issue a temporary professional license to the spouse of an active duty member of the United States armed forces under certain circumstances, and to amend section 40-1-640(a) of the 1976 code, relating to the consideration of education, training, and experience completed by an individual as a member of the military, to provide that a professional or occupational board or commission shall accept the education, training, and experience completed by a member of the military in order to satisfy the qualifications for issuance of a license or certification or approval for license examination in this state.

05/09/19 Senate Senate insists upon amendment and conference committee appointed Gambrell, Scott, Davis SJ-50

**H 3263 General Bill, By G.M. Smith, Erickson, Bradley, W. Newton, Huggins, Sandifer, Toole, Blackwell, Cogswell, Caskey, Atkinson, Hixon, Taylor, Fry, Weeks and Bales**

A bill to amend the code of laws of South Carolina, 1976, to enact the “armed service members and spouses professional and occupational licensing act” by adding section 37-1-110 so as to exempt armed service members stationed in this state and their spouses from licensure for occupations and professions regulated by the department of consumer affairs in certain circumstances; by adding section 38-43-85 so as to exempt armed service members stationed in this state and their spouses from licensure as nonresident insurance lines producers by the department of insurance
in certain circumstances; by adding section 38-47-17 so as to exempt armed service members stationed in this state and their spouses from licensure as insurance adjusters by the department of insurance in certain circumstances; by adding section 38-48-25 so as to exempt armed service members stationed in this state and their spouses from licensure as public insurance adjusters by the department of insurance in certain circumstances; by adding section 40-1-625 so as to exempt armed service members stationed in this state and their spouses from licensure for professions and occupations regulated by boards and commissions administered by the department of labor, licensing and regulation in certain circumstances; by adding section 59-25-25 so as to provide spouses of armed service members stationed in this state may work as public school teachers in this state without being licensed or certified by the department of education in certain circumstances; to amend section 38-45-30, relating to license application fee requirements for nonresident insurance broker licensure, so as to exempt certain armed service members stationed in this state and their spouses from the fees; to amend section 38-49-20, relating to licensure requirements for motor vehicle physical damage inspectors, so as to exempt armed service members stationed in this state and their spouses from these requirements in certain circumstances; to amend section 38-53-80, relating to licensure requirements for bail bondsmen and runners, so as to exempt armed service members stationed in this state and their spouses from these requirements in certain circumstances; to amend section 40-1-640, relating to the authority of certain professionals and occupational licensing boards to accept and apply education, training, and experience of certain service members, so as to make exercise of this authority nondiscriminatory if certain criteria are met; and to repeal section 40-1-630 relating to temporary occupational and professional licenses that boards and commissions administered by the department of labor, licensing and regulation may issue to spouses of active service members stationed in this state.

05/07/19 Senate Amended SJ-56

H 4117 Joint Resolution, By House Regulations and Administrative Procedures
A joint resolution to approve regulations of the department of labor, licensing and regulation - board of nursing, relating to code of ethics, designated as regulation document number 4863, pursuant to the provisions of article 1, chapter 23, title 1 of the 1976 code.
03/07/19 House Read third time and sent to Senate HJ-5

H 4278 General Bill, By Lowe, Robinson, Bailey, Garvin, S. Williams, Spires, Gilliard, Alexander, Wooten, Rivers, Thigpen, Clary, Hill, Mace and Simmons
Similar (S 0563)
A bill to amend section 40-33-20, as amended, code of laws of South Carolina, 1976, relating to definitions under the nurse practice act, so as to provide that advanced practice registered nurses may perform specific medical acts pursuant to approved written guidelines, to remove the supervision requirement from the definition of “approved written guidelines” and CRNA practice, and to provide that a CRNA must have completed at least a master’s level accredited program; to amend section 40-33-34, as amended, relating to qualifications for the performance of medical acts, so as to set minimal qualifications, to provide guidelines for anesthesia care, and to provide notice requirements; and to repeal section 40-47-197 relating to the supervision of CRNAs.
03/20/19 House Referred to Committee on Medical, Military, Public and Municipal Affairs HJ-53
H 4522 General Bill, By G.M. Smith
A bill to amend the code of laws of South Carolina, 1976, by adding section 40-33-45 so as to allow volunteer school personnel who have been trained by a registered nurse to administer glucagon or insulin, or both, to certain students.
05/02/19 House Referred to Committee on Medical, Military, Public and Municipal Affairs HJ-19

Chair Commission on Professional Advocacy and Development: TK Curtis-Pugh
Number of BOD Meetings Attended: 3 of 3
2018 Activities: No Report

Continuing Education Approver Committee: Weatherly Brice
Number of Members: 8
Number of Meetings: 4
Average Attendance: Varies
2019 Activities: Focus remains on providing and maintaining initial and ongoing competency for the Continuing Education Approver Committee (CEAC) membership. Quarterly CEAC meetings include an update from the CEAC Chair with information dissemination from the ANCC Approver/Provider Unit monthly virtual calls. The quarterly member updates provide an enhanced mechanism for members to remain current with ANCC Criteria in addition to providing a forum to discuss Nursing Professional Development trending topics. CEAC meets quarterly in conjunction with continuing education application review cycles. Virtual meetings are held twice a year to increase accessibility for members with geographically diverse backgrounds.
In December 2018, the CEAC Provider Unit Update was conducted via webinar to assist in reduction of travel expenses for Provider Unit personnel and increase accessibility to content. Thirty-five (35) participated in the Webinar with plans to offer again in 2019.
The goal for 2018-2019 was met with the SCNA CEAC excited to report that a successful re-accreditation of the Approver Unit was accomplished in June 2018. Members of the CEAC Committee, Executive Leadership/Administration of SCNA, and Board participated in the ANCC virtual visit to amplify and clarify the previous Approver Unit application submission for re-accreditation. The virtual visit and application submission process was led by Lead Nurse Planner and CEAC Chair, Weatherly Brice which resulted in successful re-accreditation status. The 2nd goal of achieving Competency Validation for the Nurse Peer Review Leader and Reviewers was accomplished with all CEAC members completing the 2018-19 ANCC Gold Standard CE Competency. Future goals include a gap analysis to determine methods to increase support of Provider Unit knowledge of re-accreditation process and Implementation of Education for Nurse Peer Reviewers following results of the Gold Standard Competency Assessment.
To date, CEAC has approved sixteen (16) Individual Activities and seven (7) Provider Unit Applications. The CEAC Committee remains active with providing excellent customer service, approving quality continuing education programs, and support of the Approved Provider Units.

Continuing Education Provider Committee: Mary Wessinger
Number of Members: 7
Number of Meetings: as needed by email
Average Attendance: 5
2018 Activities:
SCNA had a very successful State Convention in North Charleston this past October.
Communicated with SCNA staff regarding the CNE to be offered to all nurses (to include APRN's)
at the 2019 Annual State Convention, in Greenville, in October of this year. Also ascertain that the policies and procedures are in compliance with ANCC guidelines for continuing nursing education.

<table>
<thead>
<tr>
<th>Activity Title</th>
<th>Number of Nurses who completed the activity</th>
<th>Total Hours Awarded</th>
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</thead>
<tbody>
<tr>
<td>Nurses Role in Response to the SC Addictions Crisis</td>
<td>3</td>
<td>96</td>
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<tr>
<td>2018 Pharmacology Update</td>
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<td>375</td>
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<tr>
<td>Bridging the Gap Between Primary Care and Mental Bridging the Gap Between Primary Care and Mental Health</td>
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<td>Cystic Fibrosis - Adolescence Thru Adult</td>
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<td>30</td>
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<tr>
<td>Diabetes Advisory Council of SC Provider Toolkit and What You Need To Know</td>
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<tr>
<td>Getting to Yes - In a Toxic Work Environment</td>
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<tr>
<td>Advocacy 101</td>
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<td>Health Literacy And Ways The Nurse Can Address This For The Patient</td>
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<td>Lipids Update</td>
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<td>Motivational Interviewing</td>
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<td>Thursday October 4, 2018 Poster Presentation</td>
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<td>An Afternoon in the GYN Clinic</td>
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<td>The Make Up of Your Nursing Unit - A Multi Generational Approach</td>
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<tr>
<td>Pathophysiology, Drug Interaction, &amp; Symptoms</td>
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<td>Safety Of Mothers And Babies: Inpatient And Outpatient</td>
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<tr>
<td>Care Of The Behavioral Health Patient In Med-Surg Setting</td>
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<td>Clinical Nurse Leaders: An Evidence-Based Approach to Improve Care Quality at the Front Line</td>
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<td>Treatment of Hyperlipidemia in Children and Adolescents</td>
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<td>Quick Overview of Mental Health Geriatrics</td>
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<td>Best Practice - Legal Aspects of Practice</td>
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<td>Building a Resilient Healthcare Team</td>
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<td>Case Based Approach To Geriatric Pharm</td>
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<td>Practical Updates On Obstetric Medications For 2018</td>
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<td>Hypertension Update</td>
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<td>Asthma &amp; COPD: A Clinical Update</td>
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<td>CNE</td>
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<td>Round Table Discussion on Mother / Baby Safety</td>
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<td>Strategies for Preceptor Development</td>
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<td>Telehealth: Improving Access to Care in SC</td>
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<td>1.5</td>
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<tr>
<td>Mental Health Screening in Primary Care</td>
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<tr>
<td>Pharmacogenomics in Pediatrics: Personalized Medicine Showing Eminent Promise</td>
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<td>Pulmonary Hypertension: For the Novice, Intermediate, and Expert Learner</td>
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<td>Retirement and Social Security</td>
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<td>Complementary And Integrative Medicine</td>
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<td>Integration of Mentoring &amp; Professional Development For Nurse Retention</td>
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<td>Therapeutic Humor as a Nursing Intervention for Bedside Nurses and Nursing Educators</td>
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<td>2</td>
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<td>Urogynecology Update</td>
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<tr>
<td>529 College Savings</td>
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<td>LGBTQ Aging in the South</td>
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<tr>
<td>Nutrigenomics - What Is It?</td>
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<td>Substances Of Abuse</td>
<td>1.5</td>
<td>1.5</td>
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<tr>
<td>GI Update</td>
<td>1.5</td>
<td>1.5</td>
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<tr>
<td>Adolescent Immunization Update</td>
<td>1.5</td>
<td>1.5</td>
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<tr>
<td>Psychosis Versus Delirium &amp; Catalonia</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>Team Building</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>2018 CEAC Update - Webinar</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Hours Awarded in 2018</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**2020 Goals:** To continue to assist with CNE offered by SCNA to the nurses in this State, both members of SCNA and non-members. To offer quality CNE for our state’s nursing professionals. To promote participation of our chapters in the annual meeting in the Fall of the year, to evaluate the needs of nursing education based on the needs of the nurses in this state, who practice in all areas. To participate and keep up to date on changes in our nursing practice by the American Nurses Association. To keep up to date with current literature and with the relevant American Nurses Association literature on nursing practice quality and trends.

**ANA Membership Assembly Representative Reports**

**Tena McKinney**  
**Report Year: 2019**

Dear SCNA members,  
SCNA representatives Judith Thompson, CEO, Dr. Tena McKinney, President, Ms. Jessica Stricklin, Commission Chair, and Ms. Andrea Coyle attended the American Nurses Association Membership Assembly in Washington D.C. this summer. Notes written about select sessions are bulleted
President Grant’s address highlights:

- Step into your leadership role
- Focus of presidency: Increasing the diversity in nursing. To span all aspects of identity. Address racial disparities in health.
- ANA will be reaching out to other nursing organizations to highlight that we have similar interests. Focus on relationship building with these organizations.
- Increase the relevance of ANA to nurses. Nursing is one big knowledge community. ANA should be THE professional home for all nurses. Ideas: online communities (e.g. nurse leaders; new nurses ‘early career’; Up & Comers. Connecting to members.
- ANA promotes zero tolerance policies for violence against nurses.
- ANA to develop shared resources and tools to promote safer work environments. Includes sexual harassment. End nurse abuse.
- Increase nurses’ engagement with consumers- Amplify National Nurses Week to increase public awareness. Pay equity, staffing shortages.
- 2020 is year of the nurse and midwife.
- Healthy Nurse Healthy Nation (100,000 participants).
- Elevate consumers’ understanding of the value of nursing.
- Practice and engage in public advocacy. Nurses have a natural tendency to improve brokenness, right wrongs. Nurses need to develop their natural skills toward leadership.
- Equity, safety, better world.
- Leverage Florence Nightingale’s 200th anniversary in 2020.

ANA Chief Nursing Officer, Debbie Hatmaker’s Report

- **High Focus Areas** - 1. staffing; 2. scope and standards of practice, emerging roles (professional self-regulation); 3. health system transformation (based on nursing values)
- **Essential Work** - 1. violence; 2. connected health; 3. opioids; 4. workforce; 5. ethics
- **Monitoring** - genetics, care coordination, disaster preparedness, infection control, sharps injuries, gun violence
- **Increase nurse led innovation** - ANA Nurse Innovation Awards; Innovation meetings; Awards applications open in January; Nurse Pitch; Nurse Jam; HIMMS partner; Diligence robotics project; Ethical implications of using artificial intelligence in healthcare; Planning on Nurse Innovation Pod cast
- **New roles** - to transform the relationship between nurses and consumers. Nursing Now! campaign; Healthy Nurse Healthy Nation

Financials: ANA Enterprise

- The American Nurses Association (ANA) Enterprise includes ANA, American Nurses Credentialing Center, and the American Nurses Foundation. All monies are pooled and allocated across the enterprise. ANCC is by far the top money maker.

ANA Bylaws Adoption Highlights:

- Currently the ANA requires that state bylaws should be harmonious with ANA bylaws and strategic mission. State bylaws are to be reviewed by ANA to comply with this provision (although in practice compliance screening is not systematic.). The Assembly voted on
an amendment to the bylaws that would release ANA from reviewing state bylaws. The change was not adopted.

- ANA organizational affiliates (e.g. APNA) will have one vote on all ANA matters except for the setting of dues and bylaws matters.
- Electronic voting by the ANA BOD must be ratified in the next face-to-face or conference call meeting.
- In general, the membership assembly was not in favor of virtual meetings, extolling the value of face-to-face time together as a national organization.

Value Pricing of Membership Dues:
- The Value Pricing Pilot was institutionalized into ANA policy. SCNA will be planning for the implementation of Value Pricing (VP) in the upcoming year. The goal of VP is to increase membership penetration across the nursing population. VP is a core strategy for growing membership and establishes the importance of strong membership growth.

ANA Endorsements of U.S. Presidential Candidates
- This was a hotly debated issue at the membership assembly. However, 87% of voting representatives supported the adoption of ‘no endorsement’ of a particular U.S. presidential candidate. Instead, ANA will disseminate information about all of the candidates’ positions on nurse and health-sensitive matters.

Again, please contact SCNA for further details about the ANA Membership Assembly.

Jessica Stricklin
Report Year: 2019
As a representative at this year’s American Nurses Association Membership Assembly, I was able to witness the ANA’s system of governing, giving states the opportunity to guide the work of the ANA Board of Directors. Topics included: Removal of Outdated ANA Language to Increasing Access to Vaccination Compliance, DACA Recipients’ Eligibility to Take the NCLEX, Visibility of Nurses in the Media, and Human Trafficking: A Nursing Perspective on Solving a Public Health Crisis. The speakers represented a diverse cross-section of nursing experience and brought a wealth of knowledge (as well as a dose of passion) to the stage.

Andrea Coyle
Report Year: 2019
On June 21st and 22nd, the American Nurses Association (ANA) Membership Assembly was held in Washington, D.C. The ANA Membership Assembly is the governing and official voting body of the ANA. ANA Membership Assembly has the responsibility to determine policy and positions for the association. Each state has two elected representatives that are voting members. As one of two ANA Membership Assembly Representatives, it is my obligation and pleasure to share with each of you action items from the meeting.
In light of the recent measles outbreak:
- ANA Membership Assembly Representatives took action to revise ANA’s position statement on vaccination compliance. The revision removed religious exemption and added a requirement for annual recertification for medical exemptions.

The Nurse’s role when a patient requests aid in dying:
- ANA Membership Assembly Representatives revised the position statement to state; ANA supports recommendations that nurses remain objective when discussing end-of-life options with patients who are exploring medical aid in dying, among others.

Public health crisis of human trafficking:
- The ANA called for its member organizations to educate nurses on the use of effective screening tools when an individual comes into a health care facility.

Adoption of a new ANA presidential election engagement policy:
- The new policy includes reaching out to each declared candidate with information on ANA; educating ANA members and the public on presidential candidates' positions on ANA's policy agenda and priorities; and aggressive promotion of voter registration and voting among RNs, as well as other engagement efforts.

Dr. Ernest (Ernie) Grant, ANA President outlined his priorities:
- Increase diversity in nursing.
- Increase the relevance of ANA to nurses.
- Boost nurse-consumers’ engagement to elevate consumers’ understanding of the value of nursing.
- Bolster nurses’ ability to practice and engage in public advocacy at all levels.

**APRN Chapter:** Jamie Cuff  
**Number of Members:** 172  
**Number of Meetings:** 2  
**Average Chapter Meeting Attendance:** 11  
**Number of BOD Meetings Attended By Chapter Chair:** 1  
**2019 Activities:** APRN planning committee for Annual conference/ discussion on increasing SCNA membership and offering CNEs. Education of SC APRNs on new legislation / laws and prescription authorization  
**2020 Goals:** Continue with ways to engage and educate SC APRNs on new laws that effect our practice. Cont. increasing SCNA membership. Cont. engaging and educating SC nurses.

**Clinical Nurse Leader Chapter:**  
**Number of Members:** 15  
**Number of Meetings:**  
**Average Chapter Meeting Attendance:**  
**Number of BOD Meetings Attended By Chapter Chair:**  
**2019 Activities:** No Report  
**2020 Goals:**
Nurse Educator Chapter: Adrietta Barnett  
Number of Members: 67  
Number of Meetings:  
Average Chapter Meeting Attendance:  
Number of BOD Meetings Attended By Chapter Chair:  
2018 Activities: No Report  
2019 Goals:  

Piedmont Chapter:  
Number of Members: 31  
Number of Meetings:  
Average Chapter Meeting Attendance:  
Number of BOD Meetings Attended By Chapter Chair:  
2019 Activities: No Report  
2020 Goals:  

Psychiatric-Mental Health Chapter: Kim Gilmore  
Number of Members: 70  
Number of Meetings: 3  
Average Chapter Meeting Attendance: 7  
Number of BOD Meetings Attended By Chapter Chair: 1  
2019 Activities: Increase membership by 10 percent; have first annual psychiatric nurses symposium/conference, increase participation at meetings.  
2020 Goals: Research and work on legislation regarding psychiatric NP's and CNS's ability to commit patient to hospitals  

Women and Children's Health Chapter: Mary Wessinger  
Number of Members: 46  
Number of Meetings:  
Average Chapter Meeting Attendance:  
Number of BOD Meetings Attended By Chapter Chair:  
2019 Activities: No Report  
2020 Goals:  

FOR THE BOOK OF REPORTS
January 2019-August 2019

This report is submitted on behalf of the South Carolina Nurses Foundation (SCNF).

SCNF Mission Statement: to promote high standards of health care by insuring the advancement of the nursing profession through scholarships, grants, and programs of excellence.

Officers
Elaine Reimels, President    De Anna Cox, Vice President
Donna Kleister, Secretary    Pi Johnson, Treasurer

Members
In addition to officers – Meg Stanley, Tammy Gilliam, Deborah Hopla, Felicia Bowen, Elwood Owen, Kelly Bouthillet (SCNA liaison), Josephine Mitchell, Phyllis Raynor, and Kelley Wilson

Appointments
Pi Johnson, Treasurer, and Renatta Loquist, emerita member, to the Palmetto Gold Steering Committee

Meetings of the Board of Trustees
The SCNF Board of Trustees meets on the second Friday of the second month of each quarter beginning in February. The 2019 meeting dates were February 9, May 3 (Changed to 1st Friday due to USC graduation), August 9 and the last will be on November 8.

Nurses Care License Plate Initiative:
Through legislation, SCNF was able to obtain a special license plate referred to as the South Carolina Nurses Foundation NURSES CARE License Plate. These vehicle license plates are available through the South Carolina Department of Motor Vehicles. Proceeds from the sale of the license plates as stated in the legislation must support nursing scholarships. The number of scholarships and amount of each scholarship has increased over time based on revenue generated. License plates can be obtained by going to: http://scdmvonline.com

Scholarships and Awards Committee
The License Plate Initiative (Nurses Care Scholarship) application process is now conducted online. That fund is growing and has resulted in an increased amount for each scholarship. In 2019, $25,000 was awarded as 8 undergraduate awards of $2,000 each and 3 graduate awards of $3,000.
In addition, as part of an American Nurses Foundation 3-year grant, 2 $1000 scholarships were awarded based on advocacy activities.

**Marketing and Development**
SCNF again participated in Midlands Gives. Midlands Gives is an event that promotes raising money and awareness for Midlands nonprofits during a 16-hour online giving challenge. Much preparation and planning are required of each participating non-profit which the Marketing and Development Committee aptly spearheaded for SCNF. As a result of our participation, the development of a much-needed social media presence was begun and additional monies were added to the general fund. The May 2019 Midlands Gives event results were increased in both donors participating and funds raised above 2018 levels.

**Palmetto Gold**
This special committee of the Foundation is responsible for implementing the Palmetto Gold Nurse Recognition and Scholarship Program. Each year this program selects 100 South Carolina Nurses for awards of excellence in practice based on a rigorous nomination and blind screening process. In addition, each registered nurse education program in South Carolina is awarded a $1000.00 scholarship for an outstanding undergraduate nursing student selected by the school. One Renatta S. Loquist Graduate Nurse Scholarship recipient also is selected each year. Based on the success of the 2018 gala, the 2019 scholarships were increased to $1500.

Respectfully submitted
Elaine Reimels, President
South Carolina Nurses Foundation

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**Annual Report for Organizations with SCNA Representatives**

**Tena McKinney**
Organization with SCNA Representative: *Advisory Committee on Nursing Education (ACONE)*
**Activities:** Discussed LPN course completion verification forms to be signed by Colleges’ Administrators to permit a person who was unsuccessful on the NCLEX to sit for the LPN exam. (aka: certificate of endorsement of LPN equivalency.)
Board of Nursing announcement of CHE approval for a PMHNP program as well as one other program at Francis Marion.

**Sheryl Mitchell**
Organization with SCNA Representative: *Coalition for Access to Healthcare*
**Activities:** It was a very busy year for the Coalition for Access to Healthcare. NP and CNM Lobby Day was held on February 7, 2018, at the SC Statehouse. Senate Bill 345 passed during this year’s legislative session. Governor McMaster signed the bill on May 18, 2018, and it became effective on July 1, 2018. SCNA was represented at each of the Coalition for Access to Healthcare’s monthly meetings.

**Tena McKinney**
Organization with SCNA Representative: *Alliance for a Healthier South Carolina*
**Activities:** No Report
Tena McKinney  
**Organization with SCNA Representative: Deans and Directors**  
Provided the SCNA Report  
Collected names and contacts for the Academic Task Force for better SCNA integration with Colleges and Universities in SC.  
Discussion of a “certificate of need” for new pre licensure nursing programs to open in an area or for an existing program to expand their enrollment numbers. This is in response to clinical placement constraints.  
Some discussion of “BSN in 10” requiring new associate’s degree nurses to obtain a bachelors in nursing by the end of ten years after their RN licensure.  
Announcement – USC Leadership Summit and Pam Cipriano as speaker; New workforce report will be available soon

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Kelly Bouthillet  
**Organization with SCNA Representative: SCNF**  
**Activities:** I have had the opportunity as the selected SCNA Representative to serve as a member of the Board of Trustees of the SC Nurses Foundation (SCNF). In addition, I have been assigned to serve on the nominations committee. In the spring, the SCNF participated in Midland Gives which was successful in raising over $7,000 to support various nursing initiatives and scholarships across the state of South Carolina. Additionally, the SCNF sponsored the Palmetto Gold celebration which recognizes a number of outstanding nurses from the state with scholarships and awards.

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Nancy Durham  
**Organization with SCNA Representative: SC Diabetes Council**  
The Diabetes Advisory Council of SC is tasked with lowering the incidence rate of new diabetes cases across the state through CDC approved diabetes prevention program (DPP). It consists of four pillars Pillar 1 - Provider Engagement Pillar 2 Availability Pillar 3 Participant engagement and Pillar 4 Coverage. As the SCNA representative for DAC this year, I served on Pillar 1. I attended meetings at least Quarterly for this Pillar and for the group at large. I was able to secure Dr. Patricia Witherspoon to speak at several large local conferences including our SCNA conference to spread the word about the Diabetes Prevention Programs (DPP) across the state and our Diabetes Prevention tool Kit. I also worked with Pillar one to create a postcard that will be published and distributed to providers offices in 2020 for the purpose of SC DPP awareness. The group as a whole has also developed a new website that should launch in the fall of 2019. I look forward to representing SCNA next year on DAC and continuing the work that we have started this year.
South Carolina Faith Community Nurses Association

The SCFCNA meets quarterly on the second Tuesday of the month in Columbia. The meetings were held at the First Church of the Nazarene located at 901 St Andrews Rd, Columbia 29210. In 2019, a group of SCFCNA members also held a quarterly networking meeting in Greenville to provide a support to faith community nurses in the upstate. This meeting is held quarterly the third Tuesday after the association meeting in Columbia at Westminster Presbyterian Church, 2310 Augusta St, Greenville 29605. Each meeting includes a program of interest to faith community nurses and health ministers as well as conducting the business of the organization. Meetings were held on the following dates:

5. April 9, 2019-Program: “Serious Illness Conversation Program for Clinicians;” 3CE credits awarded, Wilma Rice MSN, RN, CEN from Roper Hospital in Charleston, Donna Kleister RN, MS, FCN representing a Lutheran Church in Anderson and Sharon Salley, MSW, LMSW, Prisma Health Hospital’s LMSW Hospice Coordinator, presenters, meeting in Columbia.
6. April 16, 2019-Program: “Serious Illness Conversation Program for Clinicians;” 3 CE credits awarded Donna Kleister RN, MS, FCN representing a Lutheran Church in Anderson, presenter, meeting in Greenville.

Annual Events:

1. Annual Conference, August 3, 2018; “A Toolbox for Building Healthy Faith Communities” 5 CE credits awarded
   Opening Speaker: Jenny Holmes MSN, RN “Key Strategies for FCN Program Development and Success”
   Keynote Speakers: Anita Boland MN, RN, Rev Charles Parker, Wendy Bobadilla BSN, RN, Rev C Alexander McDonald, Ernie Lombard BSN, RN shared about the Faith Community programs in their churches.
2019 South Carolina Nurses Association

Kaytee Washington from LRADAC speaking on “Community Action and the Opioid Crisis.”
Dr. Iwana Guess Ridgill speaking on “Humor and Self Care in Ministry”

2. Annual Conference, August 2, 2019; “Spirituality and Mental Wellness: The Role of the Faith Community.” 4.5 CE credits awarded
Dr. LorriEllen Campbell “When Learning to Read Isn’t the Biggest Challenge Facing Our Children”
Rev Jason Pittman “Mental Wellness Issues Facing Our Youth Today”
Dr Robert Hooper “Understanding PTSD: Hope for Moving Forward”
Jan Lemond RN, BSN, CHPN “I’m the expert. Why is it different with my own family?”
Mental Wellness in the Aging
Janet Altman “Mental Wellness for the Family Caregiver: Stay Well So You Can Care Well”
Dr. Iwana Guess Ridgill “Humor and Mental Well-being”

3. Congregational Nursing Foundations Course
This course is taught annually to assist those interested in practicing as a Faith Community Nurse to learn the role and scope of practice of this specialty and to provide valuable resources to develop and maintain a viable ministry. Aly Breisch, RN, MSN, a national speaker and expert in Faith Community Nursing is the primary instructor in this course. The course was offered March 7-9, 2019 in Lexington. Anita Boland and Amy Goodson leadership in organizing the classes.

The Association is a proud supporter of the SC Nurses Foundation Palmetto Gold Nurse Recognition Program. We would like to congratulate Jettiva Belton for receiving the award as a representative of the SCFCNA.

The South Carolina Faith Community Nurses Association is a 501-c-3 non-profit organization. Donations to the organization are tax-deductible and are used to further the mission and purposes of the organization.

We invite any one interested in joining the Association to visit our website for details of meetings, membership forms, and to get additional information on upcoming events.

The Coalition for Access to Health Care

The Coalition for Access to Health Care continued to advocate for Advanced Practice Registered Nurses (APRN) in South Carolina. Monthly meetings were held to discuss legislation impacting APRNs in South Carolina. The Coalition worked with Mrs. Wanda Crotwell of Mike Daniels & Associates on the following bills: S464/ H3821 provided additional clarification of death certificates, DNRs and Schedule II’s in long term care facilities and became effective July 23, 2019. H4004, The Physicians Orders for Scope of Treatment Act provides that an APRN may create, execute, and sign POST form if authorized to do so by his or her practice agreement. The POST form must be for a
patient of the APRN, the physician with whom the APRN has entered into a practice agreement or both.

Additional bills that the Coalition monitored included the Preceptor Tax Credit Bill and JUA Malpractice Assessment. The tax credit for preceptors will begin in 2020. JUA will begin in 2020. The Coalition will continue to monitor bills, State and Federal, that will impact APRNs ability to practice in South Carolina. The Annual Lobby Day at the State House will be held March 4, 2020.

CEO Annual Report
Judith Curfman Thompson, IOM
CEO and Lobbyist
2019

2019 was and continues to be a busy year for SCNA and its component parts. Your organization continues to work on a number of issues that are facing all membership organizations in 2019. Purpose, effectiveness and "what's in it for me" are all topics that we continue to explore. We do this to keep SCNA vital. We do this to continue to be a voice for Registered Nurses and Advanced Practice Registered Nurses in our state.

Success this year was found at a variety of levels. First, the passage of the 2019 Advanced Practice Registered Nurse Act. This endeavor followed on the heels of the 2018 passage of the APRN bill. It amended the practice act to authorize in law a number of items that assist in expanding the practice for APRNs. A list of other bills that were passed in 2019 can be found in the Legislative report in this Year Book.

SCNA has continued to be present and active in a number of events and issues at the ANA level. The ANA Lobbyist meeting will be held in September of 2019 as is usual. I plan to attend. A second meeting of Presidents and Executives will be held in November. This is a good meeting and affords opportunities for both the elected members and the staff member to work together and with other states. A meeting for the executive staff members of each state was held in Austin, Texas in January. This meeting replaces the one that ANA used to hold for these people who work for the states. We plan to continue meeting in the future.

I also attended the NSO educational meeting to learn more about NSO insurance as well as having a great survey of issues facing the professional insurance markets. The next one will be in mid-November and I plan to attend.

On the subject of member benefits, we have had some changes to our offerings, so, here are some figures from the new programs:

SOFI $50.00 (this fee is what SCNA receives when a loan is negotiated as being part of the SCNA agreement)
The Career Center: $2525.07
Commerce Visa is just beginning
MetLife Auto/Home: another new program
Multi-Brief Ad Sales from the Nurse Flash: 2017-2019 June: $1660.45
NSO: a flat $2000
1st Bank Card: we no longer have this program, $202.80
ANA Benefits program: $593.64
The Great South Advisory Group, Chip Stanley and his team here in Columbia, continues to offer services at no cost for those who are beginning retirement planning.

SCNA continues to work on the operations of the organization. Having a two person staff is limiting, but, with good planning and a skilled Assistant to the CEO, Rosie Robinson, we are able to do far more than a two person group should be able to accomplish.

One of the areas of real time consumption is the Continuing Education Approver Committee. This year saw the submission of the application for continuing the SCNA CEAC program. Weatherly Brice led the work of creating the report to ANCC with the assistance of the SCNA CEAC. She did a superb job. The virtual site visit by ANCC went very well and SCNA was once again accredited by ANCC for the CEAC program. A huge thanks goes to the work of the CEAC and to Rosie Robinson for making certain that the application was just as it should have been. We are looking at creating specific work times for CEAC consultation so that other issues and activities can be blocked out. It will take some concentrated "doing" to have special times and focus to do this, primarily because SCNA has been so accessible and assistive to the clients, but, we shall work through the new system.

The Continuing Education Provider Committee is always ready to serve the SCNA and Chapters when a need arises to be certain that SCNA’s CNE offerings are always top rate. This group will go through the Provider accreditation in 2020 via the Tennessee Nurses Association. We have had a great trade of services with Tennessee for several cycles. This trade enables both organizations to have Provider programs without extra expense.

The work of the Chapters continues to be at a pace that is unique to each group. We have had very good activity from the APRN and Psychiatric/Mental Health Chapters again this year. The Women’s and Children’s Health Chapter is always a part of our convention as well. There is a constant evaluation of the Chapters each year to see whether we need to add new ones or to retire those that are not working up to speed.

All activities of the Annual Meeting: Call for Resolutions, Call for Bylaws, Call for Nominations, and establishing the time frame for on-line elections have been accomplished in the time-frames required by the SCNA Bylaws. Preparations for the 2019 Election were accomplished on time. All activities of the election that are found in the Bylaws and the Position statements concerning elections were followed as required.

As of 2018 The Peer Assistance Program in Nursing was suspended by SCNA. The Board did this with great regret. The lack of leadership available for the PAPIN group was a driving force in this very difficult decision. The appropriate state agencies and services were notified of this decision.

Work on behalf of SCNA with ANA has been quite active this past year. I have been continuing work with the ANA Committee to explore dues options, primarily the Value Pricing Dues Option (VPP) for the future. The option that was created was presented to the ANA Membership Assembly in June
of 2019. The option was passed by the representatives. SCNA was not a part of the pilot states that have rolled out the new dues structure. SCNA will not be voting at the 2019 SCNA Annual Meeting on this option due to the short time between the ANA adoption and all of our requirements for notification of members. We shall spend next year examining the options and sharing the work that we shall be doing to present to the Annual Meeting in 2020. Please watch for this information in the SC Nurse. The VPP committee continues to meet to discuss further progress as states adopt the new system. Many of the states have had a good increase in the number of members due to this new dues option.

I also have participated on an ANA committee to create a new program for orientation for new Executive staff for the state associations. The turn-over rate in the states is very high and there has been concern that those coming into new jobs at the state level need to also know what ANA level information that they need to succeed. It has been a very good group of Executive staff members and a great learning experience for me.

SCNA continues to be represented in many activities concerning nursing and healthcare in South Carolina. Among these are: meetings of the SC State Bard of Nursing and SC Board of Medicine, State Board of Nursing Committee on Nursing Education, State Board APRN Committee, The State Insurance Agency, the State Implementation grant, the SC Diabetes Council and the Institute for Medicine and Public Health, The Coalition for Access to Health Care (a new organizational member of SCNA), working with the AARP on issues of mutual concern, working with the lobbyist for USC on legislation about nursing programs for veterans who have been medics or corpsmen during their military careers. There are other places that SCNA is represented as well that come up during the year.

SCNA has been stable again this year with the two person staff. Rosie Robinson and I work hard to accomplish all of the wide variety of work that comes to SCNA on a daily basis, as well as for the external projects that benefit SCNA. Rosie continues to increase the variety of systems that assist SCNA especially in the world of computer assisting. SCNA is fortunate to have Rosie in the position that she holds! She is not only a significant asset for SCNA, but, shares her expertise with other states and organizations.

I continue to know that I have a wonderful job, with learning curves that are stimulating and an excellent Board of Directors and truly great membership. Thank you to all and ONWARD!
2019 SOUTH CAROLINA NURSES ASSOCIATION
ANNUAL BOARD OF DIRECTORS MEETING
Hilton Greenville
45 West Orchard Park Drive
Greenville, SC 29615

October 24, 2019
6:40 PM – 6:50PM

Agenda

I. Call to Order
II. Establishment of a quorum
III. Establishment of the 2020 SCNA Board Meeting Calendar
IV. For the Good of the Order
V. Adjournment
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