American Association of Occupational Health Nurses

**Purpose:** A process for chapter charter status changes.

**Policy:** Chapters that are unable to meet all Chapter responsibilities will automatically go into the disbandment procedure and at the end of 90 days will be dissolved unless they can meet their responsibilities.

**Maintaining active chapter status:**

1. A minimum of 15 AAOHN members is required to organize and to maintain a chapter. Chapter members do not need to be national AAOHN members but national membership is encouraged. Complete the yearly chapter report by the given due date **March 15.** Online report includes:
   a. General information
   b. Financials
   c. List of education offerings
   d. List of current officers

2. **Provide a minimum of 3 educational offerings per year to chapter members – CEUs not required but encouraged.**

3. If items A-C are not received by the deadline established by the National Office, the chapter will be deemed delinquent and chapter charter may be disbanded.

**Chapter Disbandment Procedure:**

1. Staff communication to the chapter regarding its delinquency will occur as follows:
   - **30 days past due,** National Office will send the Chapter Board a reminder that the stated reports and criteria were not received/met.
   - **60 days past due,** Staff will send all chapter members a reminder that the stated reports and criteria were not received/met and the chapter will lose its status if not completed in the next 30 days.
   - **90 days past due,** if the Chapter fails to respond to the communication sent by the national office and does not submit the necessary paperwork, the Chapter’s charter will be declared **invalid** and the Chapter will be automatically disbanded.

2. Once the chapter has moved past the 90 day window, staff will move forward with the following disbandment:
   - The national office will hold all Chapter Dues ACH deposits in the office.
   - The Chapter will be ineligible for recognition of any Chapter awards.
   - The Chapter’s name, roster, and Chapter page will be removed from the national AAOHN website.
3. The chapter contact person is required to submit the following items to the national office within thirty (30) days of charter disbandment:

- Statement of Dissolution signed by the President and Treasurer (if one unreachable, signature is to be either the President or Treasurer and one other Chapter contact).
- Final bank account statement showing disposition of funds and no outstanding debts.
- Remaining Chapter funds in check form made payable to AAOHN.

4. The Chapter Committee holds the right to assess each chapter’s situation and make exceptions to the above timeline when deemed appropriate.
DISSOLUTION CHECKLIST & STATEMENT

In the event a Chapter chooses to dissolve or if a chapter cannot meet the criteria for a chapter please follow the below requirements.

Chapter Name ____________________________________________________________

CHECKLIST

_____ 1. This Statement of Dissolution signed by the President and Treasurer (if one unreachable, signature is to be either the President or Treasurer and one other Chapter contact).

_____ 2. Final bank account statement showing disposition of funds with no outstanding debts.

_____ 3. Remaining Chapter funds in check form made payable to AAOHN.

Please send all of the above to AAOHN at 330 N. Wabash Ave. Suite 2000, Chicago, IL 60611.

Notified ______________________________(Chapter Support & Development Representative) on_________(date).

STATEMENT (For those chapters choosing to dissolve)

The Chapter of the American Association of Occupational Health Nurses on a majority vote of the membership has voted to dissolve the Chapter and relinquish its charter. All financial obligations have been discharged. All remaining assets have been distributed to AAOHN in accordance with the bylaws.

Respectfully submitted,

Chapter President/contact: ______________________________

Chapter Treasurer/contact: ______________________________

Date: ________________
CHAPTER EMAIL (30 Days)
Dear <Sal>:

The national office of the American Association of Occupational Health Nurses (AAOHN) has received evidence that your chapter has not met the stated criteria of maintaining active status: [criteria not met to be inserted].

Your chapter has 30 days to submit your paperwork/met the criteria listed in order to keep your charter. At that time the Chapter Committee will review your chapter forms and determine to either keep your chapter active or disband it. Please respond to the info@aaohn.org or your Committee representative below for questions and assistance in renewing your active status.

Sincerely,
<title>
<telephone>
<email>
cc: , Chapter & Membership Committee Representative

CHAPTER EMAIL (60 Days)
Dear Chapter Members,

The national office of the American Association of Occupational Health Nurses (AAOHN) has received evidence that your chapter has not met the stated criteria of maintaining active status: [criteria not met to be inserted].

Communication has been sent to your Chapter Board and to-date no action has been taken to rectify the situation.

Your chapter has 30 days to submit your paperwork/meet the criteria listed in order to keep your charter. At that time the Chapter Committee will review your chapter forms and determine to either keep your chapter active or disband it. If the paperwork is not received your chapter will be disbanded. Please respond to the info@aaohn.org or your Committee representative below for questions and assistance in renewing your active status.

Sincerely,
<title>
<telephone>
<email>
cc: , Chapter & Membership Committee Representative

4/20/20
CHAPTER EMAIL (90 days)
Dear Chapter Members,

Our records indicate that your chapter was unable to meet the following requirements: [criteria not met to be inserted]

This letter is to inform you that the AAOHN Chapter Committee, with approval by the AAOHN Board of Directors, has revoked your Chapter’s charter.

All Chapter members on record are receiving a copy of this letter. Please refer to the enclosed policy on Chapter Charter Status change for clarification or contact your chapter committee representative, __________________ via the following contact information _____________________________.

Your individual AAOHN membership has been not been affected, your chapter membership will be removed. You will see no disruption in your membership to the Society. If you would like to be affiliated with another chapter, please visit [insert link to chapter listing]. We truly value your membership and hope you will continue to take advantage of your member benefits that include online member networking, access to educational materials and discounts on AAOHN products and meetings. Please let us know if you have any questions at info@aaohn.org.

Sincerely,

AAOHN national office

Phone: 312.321.5173

cc: ____________, Chapter & Membership Committee Representative