Greetings, colleagues.

There are over 360,000 nurses in California. Imagine if we all truly worked together and spoke in that “one strong voice,” what a strong team we would be. As we have sometimes been described over the years—Nurses are a force to be reckoned with.

In these changing times, it is an opportunity for us to think about our work and our careers and recall why we chose to go into nursing. Many “always wanted to be a nurse,” while others may have met nurse role models who led them toward the profession. There was some real excitement in joining this trusted profession, and in learning the value of caring; of being there for the patients.

Recently, we have been reminded by the tragedies that have struck people all over the world, especially in Haiti, and those closer to home with floods and mudslides—of how lucky and thankful many of us are—and the fact that we have always been there to help others. Our thoughts and prayers go out to those people who have been affected by the disasters. (please see list in this issue, of ways to help)

Seeing the value in “being there” is something that may be present in a nurse’s every day work. Being there, working with patients, even in cleaning bedpans, making beds, giving every patient a bath or sponge bath and a back rub before they went to sleep (yes we really learned how to do that—and did it—back in the old days!) Of course there were some glamorous moments…like wearing our neat navy uniforms to do Public Health, feeling like detectives were some glamorous moments…like wearing our neat navy uniforms to do Public Health, feeling like detectives.

In these changing times, it is a force to be reckoned with! Nursing cannot stand still in the midst of so much change.

Be good to each other and to yourselves.

On an organizational note, I again want to commend the ANACalifornia Board members who consistently work hard as advocates in promoting healthcare reform and in supporting the nursing profession. And, I encourage all nurses to get involved in your professional associations; this is where you have great networking opportunities; where you meet the nurses who wrote the books and developed the theories; where you find and build friendships; where you become energized to be involved in the nursing profession. By joining a nursing organization, a nurse soon realizes that one person can make a difference.

Issues: Health Care Reform: continues to be ever on the horizon. As we have said before, ANA supports “legislation that would guarantee access to affordable, quality health care for all.” ANA wants to deliver the message that nurses have the power to impact health care, not only at the bedside, but by taking an active role in the current health care debate; at town hall meetings, demonstrations and in your local newspaper. ANA has been engaged in health care reform efforts for over 20 years, and now we are closer than ever to seeing meaningful changes…video link to ‘Nurses Have Power: Let’s Use It for Change.’ Please also see on the nursingsworld.org link to the ‘Key Provisions Related to Nursing and Health Care Reform.” Nurses are and will continue to play an extremely important role in healthcare reform, through their work, legislation and political involvement at local, state and national levels.

As a member of the Executive Committee of the ANA Constituent Assembly (CA; the group of the Presidents and Executive Directors of all of the states plus a number of other constituents), I have had the privilege of receiving frequent national nursing and health care news updates. We met and wrote regularly to maintain open communication. I shall try to share updates on the key issues. We welcome questions and comments.

Thank you again to the ANACalifornia Board members, our wonderful team. It is a pleasure to work together…they have made my responsibilities as President easier and contributed to a most rewarding experience. Our Board: Vice President, Liz Dietz; Secretary, Nicole Marcy; Treasurer, Cathy Melter; Director of Legislation, Monica Weisbrich; Director of Practice, Donna Dolinar; Director of Education, Dianne Moore.
Page 2 • ANA\C The Nursing Voice

April, May, June 2010

Inside this issue:

Presidents Perspective 1
Membership and Communication 3, 11
Nurses in the News 4
Nursing Education 5
Nursing Practice 6, 7
Professional Advocacy 8
Golden State Nursing Foundation 9
ANA 9
CAPNAP 10

ANA\C Wants To See You….

IN THE NEWS

Have you or one of your colleagues been recognized for an accomplishment, elected to office, won an award, received a grant or scholarship, launched a new venture? Tell us about it! Send name, address, phone number, and accomplishment—

E-mail to: TheNursingVoice@yahoo.com

Mail to: ANA\California IN THE NEWS
1121 L Street, Suite 409
Sacramento, CA 95814.

American Nurses Association/California is an Affiliate Chapter Member of the American Nurses Association. The Nursing Voice is the official publication of the American Nurses' Association/California. ANA\C is located at 1121 L Street, Suite 409, Sacramento, CA 95814. Office 916-447-0225 - Fax 916-442-4394 Association E-mail anac@anacalifornia.org

The Nursing Voice Editor-E-mail thenursingvoice@anacalifornia.org

ANA\C BOARD OF DIRECTORS Officers: Elissa Brown, MSN, PMHCNS-BC, President; Elizabeth "Liz" Dietz, EdD, RN, CS-HP, Vice President; Nicole Marcy, BPH, BSN, RN, Secretary; Cathy Meher, RN, MSN, CWNOCN, Treasurer. Directors: Monica Weissbrich, BSN, RN, Legislative and Professional Practice; Dianne Moore, PhD, RN, CNM, MN, MHP, Education; Arlene R. Hady, BSN, RN, PHN, Membership and Communication.

ANA\California Executive Director: Hon. Tricia Hunter, MN, RN
ANA\California Associate Director: Myrna Allen MSN, RN
ANA\California Lobbying Firm: Government Relations Group, Inc.
ANA\California Director of Member Services Samantha Hunter
ANA\California Merchandise Development & Sales Michele Townsend

Editorial Committee: Chairperson
Louise F. Timmer, EdD, RN
Hon. Tricia Hunter, MN, RN
Samantha Hunter

The official publication of the ANA\C shall be The Nursing Voice. The purpose of this publication shall be to support the mission of ANA\C through the communication of nursing issues, continuing education and significant events of interest. The statements and opinions expressed herein are those of the individual authors and do not necessarily represent the opinion or views of ANA\C, its staff, the Board of Directors, our Affiliates or the publications editor. Likewise, the appearance of advertisers, and/or their views and opinions, do not constitute an endorsement of products or services featured in this, past or subsequent issues of this publication. Copyright by the American Nurses Association/California.

The Nursing Voice is published quarterly and is complimentary to ANA\C members, schools of nursing and their nursing students, affiliates of the association and their memberships. If you would like to submit an article for publication, please see ‘Article Submission for The Nursing Voice’ in this issue for deadlines and submission details.

If you would like to receive this publication or you would like to stop receiving this publication please write or call the ANA\C at (916) 447-0225 or fax to (916) 442-4394. Please leave your full name, complete address or correction and a phone number should we need to contact you. Or, fill out and mail in the Update Request Form found in this newsletter.

Reprints and Submissions: ANA\C allows reprinting of newsletter material. Permission requests should be directed to the ANA\C home office in Sacramento. (916) 447-0225

Advertising: Advertising Rates Contact—Arthur L. Davis Publishing Agency, Inc. 517 Washington St., PO Box 216, Cedar Falls, IA 50613, 800-626-4081, sales@aldpub.com. ANA\C and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement. Acceptance of advertising does not imply endorsement or approval by ANA\C of products advertised, the advertisers, or the claims made. Rejection of an advertisement does not imply a product offered for advertising is without merit, or that the manufacturer lacks integrity, or that this association disapproves of the product or its use. ANA\C and the Arthur L. Davis Publishing Agency, Inc. shall not be held liable for any consequences resulting from purchase or use of an advertiser's product.

Article Submittal to ‘The Nursing Voice’

ANA\California accepts and encourages manuscripts and editorials be submitted for publication in the association’s quarterly newsletter, The Nursing Voice. We will determine which letters and articles are printed by the availability of publication space and appropriateness of the material. When there is space available, ANA\C members will be given first consideration for publication. We welcome signed letters of 300 words or less, typed and double spaced and articles of 1,500 words or less. Articles printed in The Nursing Voice do not necessarily reflect the views of ANA\C, its membership, the board of directors or its staff.

ANA\California’s official publication, ‘The Nursing Voice’ editorial guidelines and due dates for article submittal is as follows.

Next Article Submission Deadline:
August 17, 2009 for the September 2009 Edition

1. Manuscripts should be word processed and double-spaced on one side of 8 ½ x 11 inch white paper. Manuscripts should be emailed to Editor at TheNursingVoice@yahoo.com

a. Manuscripts should include a cover page with the author’s name, credentials, present position, address and telephone number. In case of multiple authors, list the names in order in which they should appear.

b. The Nursing Voice reserves one-time publication rights. Articles for reprint will be accepted if accompanied with written permission.

c. The Nursing Voice reserves the right to edit manuscripts to meet style and space limitations.

d. Manuscripts may be reviewed by the Editorial Staff.

e. Articles submitted by members of ANA\C will be given first consideration when there is an availability of space in the newsletter.

2. Photographs should be of clear quality. Write the correct name(s) on the back of each photo. Photographs will be returned if accompanied by a self-addressed, stamped envelope. Mail photographs to: Samantha Hunter, Editor, The Nursing Voice c/o ANA\California, 1121 L Street Suite 409, Sacramento CA 95814. Or email photographs in jpeg format to thenursingvoice@yahoo.com

3. E-mail all narrative to TheNursingVoice@yahoo.com
Governor Schwarzenegger announced that California will receive more than $100 million in funding from the American Recovery and Reinvestment Act (Recovery Act) awards. These funds will assist health care providers to expand the secure use and exchange of health information technology (IT) and train workers for thousands of health care jobs across the State. The grants from the U.S. Department of Health and Human Services (HHS) and U.S. Department of Labor (Labor) will allow California to build a foundation to exchange health information across the State that provides safe, secure patient and provider access to health information, while providing job training to thousands of Californians statewide.

Health Instructional Technology:

A robust system to exchange health information will improve patient care across several areas including: more informed decisions by making certain patient medical history is available at the point of diagnosis and care; enabling early diagnosis with the potential to improve outcomes and reduce costs; and, increasing efficiencies related to administrative tasks. More information about the State’s grant application and the selection process for the Health Information Exchange Governance Entity is available at http://www.ehealth.ca.gov/ http://go.emaildirect.com/_p_ga4x2hjhyjdf9wzxbu2kckyx4z5kxgrzumt3nqg2wmx6xsk6h2mez7d66mno8z02wypexiyrz8w837rataf64v7yezrza_p._click.emaildirect

Regional Extension Centers: Regional extension centers will help eligible providers and hospitals make meaningful use of electronic health records by providing hands-on technical assistance and support as they buy, install and begin to use such records.

Job Training for Health Care: Eight organizations within California also received more than $30 million in grants to train workers for jobs in health care and other related industries. The competitive grants from the U.S. Department of Labor’s Employment and Training Administration will address current and forecasted workforce shortages. They will also provide future workers with the training necessary to pursue career paths, enhancing opportunities in high growth or emerging industries. “We are very excited about this important funding for the green tech, biotech, nursing and allied health professions,” said Victoria Bradshaw, Secretary of the California Labor and Workforce Development Agency. “These are the industries in highest demand in California and leveraging current efforts by the Governor’s Green Collar Jobs Council, and the Nurse Education and Allied Health Initiatives, will quickly lead to important jobs for California.”

Previously, as part of his commitment to creating jobs in California, Governor Arnold Schwarzenegger established a $32 million Allied Health Initiative which is a three year, public-private partnership aimed at reducing California’s critical health care worker shortage by adding thousands of additional professionals to California’s hospitals and health care facilities over the next three years. The Governor’s Nurse Education Initiative established in 2005, started with a $90 million, five-year public-private partnership, which has so far seen an increase of more than 54 percent in the number of Registered Nurse (RN) graduates. In 2009, Governor Schwarzenegger committed an additional $60 million five-year funding for the public-private partnership to maintain the important expansions realized in California’s nursing education programs.

California Health Information Exchange Award Amount:

California Health and Human Services Agency $38,752,536

Regional Extension Centers: Northern California Regional Extension Center $17,286,081

Southern California Regional Extension Center $13,961,339

Job Training Awards for Healthcare:

Kern Community College District (KCCD) $2,768,572

Los Rios Community College District $4,988,561

Mt. San Antonio Community College District $2,239,714

San Diego State University Research Foundation $4,953,575

San Jose State University Research Foundation $5,030,000

San Bernardino Community College District $4,260,863

Youth Policy Institute $3,623,473

Spanish Speaking Unity Council $3,559,139

TOTAL: $101,393,853

Governor Schwarzenegger Announces More Than $100 Million Recovery Act Investment to Advance Use of Health Information Exchange and Technology, and Training Workers for Health Care Jobs of The Future

Marjorie H. (Hawker) Scholl (1927-2009)

Marjorie was born in Austin, Colorado to the late Archibald and Winifred Hawker. She graduated from Delta High School and was accepted into the Cadet Nurse Corp in 1945. Upon graduating in 1948 from Nurses training at Denver General Hospital, she worked as a Registered Nurse for over 45 years. She moved to Lodi, CA in 1958, where she met and married Ruben Scholl in 1959. Marjorie was a member of the American Nurses Association and had been an active member and Past President of the old Region 8. She was a “Healthy Beginnings” nurse at Lodi Memorial Hospital. She held various offices and was a long time member of the American Legion Auxiliary Unit 22, American Legion Auxiliary District 11. Lockeford VFW Auxiliary #9009, DAV Auxiliary #56; 840 Train Harte Solon #117, National Federation of Republican Women, Lodi emblem Club #293 and was a current member of the Benevolent & Protective Order of Elks, Lodi #1901, and an avid Denver Bronco fan! She is preceded in death by her husband, Ruben; her parents, and brothers, Phillip and Keith Hawker; and sisters Lucille Schill and Winifred “Susie” Anderson. She is survived by sisters, Katherine Anderson of Sacramento and MaryLou Huerkamp (Tom) of Orchard City, CO; and brother, Herbert “Wayne” Hawker (Helena) of Casa Grande, AZ; children: Benjamin School (Arlene Spellman) of Stockton, Teresa Rasmussen (Kevin) of Acampo and Ann Scholl of Lodi; grandchildren Nicole Evans and Jordan Rasmussen, and the other half of the M&Ms Marilyn Majernik.

Services were held Wednesday, December 16, 2009 at Lodi Elks, 19071 N. Lower Sacramento Rd., Woodbridge, CA followed by a Celebration of her Life.

April, May, June 2010  ANA\C The Nursing Voice  •  Page 3
President Receives CNS Award

Elissa Brown, President, ANA/California is the recipient of the National Association of Clinical Nurse Specialists “CNS of the Year” award. This award is in recognition of her “excellence in psychiatric-mental health nursing practice and her professional leadership within the healthcare system and statewide.” She will receive the award at the annual National Association of Clinical Nurse Specialist Conference at their awards luncheon in March, in Portland, Oregon.

Below is the rest of the bio given to our VA.

Elissa Brown is a Clinical Nurse Specialist in Mental Health at VA Greater Los Angeles Healthcare System. Elissa has been in the VA system since 1975 and is truly dedicated to providing high-quality care to our veteran patients and their families. She worked at Sepulveda VA for over 21 years before splitting her time between West Los Angeles and Sepulveda for the past 9 years or so. She has worked at the Illinois State Psychiatric Institute, Northwestern, and the Rehabilitation Institute of Chicago, and Barnes Hospitals in St. Louis. She received her BS from the University of Illinois College of Nursing in Chicago, and her MSN as a CNS in Adult Psychiatric Nursing from Washington State University in St. Louis, Missouri, majoring in Education and Administration, with Academic and Final Honors.

In her over 40 years in Nursing, she has worked mostly as a CNS, as a Psychiatry Consultation Liaison Nurse, and has held staff nurse, head nurse and educator positions. While working full time as a clinician, she also taught at Loyola University, Chicago, St. Louis University, St. Louis, MO, and at various schools of nursing in L.A.

Her specialty has been Geropsychiatry; she helped open the Sepulveda VA Geropsychiatry Outpatient and Inpatient programs over 27 years ago. Since then she has facilitated ongoing Caregiver Support Groups, and is a longtime member of the Los Angeles Alzheimer’s Association Support Group Committee. Elissa’s patients include Geropsychiatry patients as well as patients at high risk for suicide and violence.

Ann Wilkinson, received the Nurses Week Magazine one of 10 “Outstanding California Nurses” Award for Excellence in Nursing in Advanced Practice Nurse at GLA, and the Department of Veterans Affairs Service Director’s Award for Excellence in Advanced Practice.

She is the recipient of numerous awards including: NurseWeek Magazine one of 10 “Outstanding California Nurses”. Award for Excellence in Nursing in Advanced Practice Nurse at GLA, and the Department of Veterans Affairs Service Director’s Award for Excellence in Advanced Practice.

Elissa is an animal lover, has a dog; loves to read. She and her husband are married for 38 years and she has managed to convert their baking recipes to “vegan”—since her husband is a vegan chef among other interests? They love movies, TV, travelling, and most of all—their young granddaughter!!! Their grandson is their joy and delight.

Other nurses, who have participated in Ann’s own cancer care, were very enthused when they heard of her award. Cancer nurses at the infusion center got so excited, they asked her to bring the plaque for them to see. Many staff nurses as well as newly-minted advanced practice nurses asked, ‘Can I touch it?’ They found it so affirming for themselves, that I got some of [the affirmation] too. It was fun.”

She went without chemo in October to go to the APNA conference to receive her award. She’s gone without chemo to enjoy the holidays in the face of a blood-count-as-grinch. “Nobody could replicate the incredible privilege this time has been, wandering down the last path.” Ann considers herself enormously lucky to have had so many months to openly enjoy the gift fully and in closing her therapy practice, she has had to delve deep. “What’s helpful for patients? There’s no literature on the therapist’s dying therapist. What I did for my patients was to give them space to grieve with me,” she said recently. “It has all been a profound privilege.”

Wilkinson Receives Psychiatric Nurses Association Award for Excellence in Advanced Practice

Ann Wilkinson, received the Psychiatric Nurses Association Award for Excellence in Advanced Practice.

Since 2006, Dr. Anita Catlin has been ANA California’s representative to the Ethics Advisory Board of the ANA. This 10 member board is responsible for writing position statements relating to the Code of Ethics for Registered Nurses. The Board consists of nurses throughout the United States including the US Military who work to provide ethical guidance for nurses. Each recruited member has a degree or certificate in Bioethics training. There are two state or federal ANA organizations. In the past four years, Catlin has been assigned to topics of special interest to her. She has been a co-writer of the new paper on Care at the End of Life, and is working on the pamphlet Nursing Response to Women who Test Positive for Substances while Pregnant or Breastfeeding.

Creating a position paper requires a review of evidence, interviews of stakeholders, opinions from nurse experts in the field, and much dialogue between sub committee members. Catlin reports that she has “loved working with Cynthia LaSala (Massachusetts), Kevin Hook (Philadelphia) on the end of life paper. They are dedicated and close colleagues.” The nurses serving on the ANA Ethics Board speak by email and telephone throughout the year, and meet once a year in coordination with the American Society of Bioethics and Humanities (ASBH). Catlin originally served as the Ethics Committee at Kaiser Santa Rosa. She consults on hospital ethics and bioethics committees. In 2002, Catlin moved to the ANA Council. Catlin teaches ethics to master’s students at Sonoma State University. She co-chairs the Ethics Committee at Kaiser Santa Rosa. She consults on hospital ethics and bioethics committees. She has been working extensively in the field of periatal ethics. California ANA members should feel free to contact her with questions or ethical dilemmas. Dr. Catlin is presently working on questions regarding patients who refuse therapies ordered in the hospital, ranging from confused elders to young adults with anorexia. An ANA position paper on the Nurses Response to Patients Refusing Nursing Care should be forthcoming.
New Nurse Testing Standard Raises Bar

The amount of care required by hospitalized patients seems to grow every year, and many nurses in the field question whether recently-graduated nurses are sufficiently prepared to take on the demanding task. Josephine Nappi, MA, RN, director, nursing professional development for nursing education at Memorial Sloan-Kettering Cancer Center, in New York, NY, agrees there is an added amount of care needed for those who are hospitalized. “Our patient acuity rises daily, our aged population presents additional challenges, and at the same time knowledge and technology increase exponentially. Individuals new to our profession must translate what they have learned in their basic nursing programs into practice rapidly,” says Nappi.

The National Council of State Boards of Nursing (NCSBN) considers this a major issue and recently raised the passing standard on the National Council Licensure Examination for Registered Nurses (NCLEX-RN) to ensure new nurses are sufficiently ready to take on the growing needs of sicker patients. The higher passing standard was voted on in December 2009 and will go into effect on April 1, 2010. Nurses will be granted a passing grade with a -0.16 as opposed to a -0.21.

Joanie Alston Lovelace, MBA, RN, NHA, resident services administrator at Barclay Friends in West Chester, PA., believes that “a test score does not always reflect the knowledge level of an individual.” “The new nurses coming out of school today are very ‘book’ smart, however they lack the hands-on experience of the ‘old’ school nurses,” says Lovelace. “There needs to be more clinical time incorporated into the learning process. The new nurses must be not only prepared for what they will face in a new position. In school, they have maybe three patients to take care of in their last year of school and when they are in the work setting they could have as many as 15.”

Judy Dodge of the Indiana Heart Hospital has mixed feelings about raising the passing standard of the NCLEX. “I do feel that 75 questions don’t seem like enough to cover all the processes and diseases that one learns over the course of their education. I realize one cannot cover everything, but it just seems like such a very small sample,” she says. The higher standard is the result of NCSBN’s regular plans to reevaluate the test and pass standard every three years to ensure both stay current and reflect the care nurses will give their patients. Lovelace, Nappi, and Dodge believe that changing the passing standard is only part of the solution, and is one of the many steps the nursing profession should take to safeguard the patients.

NLN Annual Survey of Schools of Nursing

Notable findings from the 2009 NLN Annual Survey of Schools of Nursing include as the recession hits, the expansion of educational capacity stalls as insufficient faculty is the major constraint to the expansion of post-licensure programs. Since the 1950s, the NLN has conducted an annual survey of all nursing programs in the United States, gathering key statistics including admissions, enrollments, graduations, student demographics, and numbers of faculty (New York, NY—February 9, 2010).

The 2009 annual survey was administered from May to September 2009 to obtain 2007-2008 data. In announcing the results, NLN CEO Dr. Beverly Malone pointed out some of the new topics addressed by the 2009 survey. “These data are critical to tackling challenges related to the nursing education workforce and nursing education capacity. Recent additions include unused educational capacity, constraints on expanding admissions, faculty vacancies and recruitment, and the impact of faculty shortages on educational capacity.”

Findings include:

* Key statistics reflect slowing growth. Expansion in the number of prelicensure RN programs ground to a near halt between 2007 and 2008, with the nation adding only 15 additional programs, a less than 1 percent increase. In addition, in a surprising turnaround, annual admissions to prelicensure nursing programs fell and enrollments were flat for the first time in at least six years. Graduations did increase significantly in 2008, a lagging effect of an upsurge in admissions between 2003 and 2005.

* Demand for admissions continues to outstrip supply. Nearly one quarter (23.4 percent) of US nursing programs of all types reported receiving more qualified applications than could be accepted in 2008. Among prelicensure programs, there was considerable more unmet demand for admissions; more than 119,000 qualified applications—or 39 percent of all qualified applications—were turned away from prelicensure programs in 2008.

* The majority of prelicensure programs are “highly selective.” Almost two thirds of ADN and diploma programs (62 and 60 percent, respectively) were “highly selective”—a designation earned by those programs that accept fewer than half of all applicants. Fewer baccalaureate programs (39 percent) fell into that category.

* Shortages of faculty and clinical placements constrain growth. Among schools that did not accept all qualified applicants, postlicensure programs were much more likely to cite a shortage of faculty as the main obstacle to expansion. Prelicensure programs reported that lack of clinical placement settings were the biggest impediment to admitting more students.

* Postlicensure programs are much more likely to report that adding faculty would expand admissions capacity. Almost three quarters of RN-BSN programs, over two thirds of master’s programs, and over half of doctoral programs projected that filling all faculty vacancies would positively impact admissions. By contrast, only 41 percent of prelicensure RN and only 29 percent of LPN/LVN programs anticipated that full staffing would allow for expansion.

* Some seats still go unfilled. Just under one in 10 US nursing programs (9.8 percent) reported unfilled vacancies for new student admissions. Of those schools with unfilled spots, 44 percent attributed the vacancy rate to a lack of qualified students; 19 percent stated that “lack of affordability” or “high cost of education” was the main obstacle to student recruitment.

Observed NLN president Dr. Cathleen Shultz, “Nursing Data Review will be invaluable to decision-makers, organizations, and individuals interested in data reflecting the state of nursing education. It will serve a critical role in models designed to project the magnitude of the future registered nurse workforce. The League appreciates the survey responses provided by literally thousands of nursing school deans, directors, chairpersons, program administrators, and their hardworking staff members, without whom this valuable data source could not have been created.”

Please note: NLN research data is available to all on the NLN website. NLN DataView(tm), at www.nln.org/research/slide/index.htm, features slides and tables from key NLN data reports as PDFs, MS PowerPoint(tm) slides, MS Excel(tm) charts, and JPG images.
Overall Rankings

1 Marin
2 San Benito 2 Placer
3 Colusa 3 Santa Clara
4 Santa Clara 4 San Mateo
5 San Mateo 5 Nevada
6 Placer 6 El Dorado
7 Orange 7 San Luis Obispo
8 Santa Cruz 8 Santa Cruz
9 Sonoma 9 Orange
10 El Dorado 10 Yuba
11 San Luis Obispo 11 Solano
12 Yolo 12 San Francisco
13 Napa 13 Contra Costa
14 Nevada 14 Yolo
15 San Diego 15 Alameda
16 Monterey 16 Ventura
17 Ventura 17 Santa Barbara
18 Amador 18 Mono
19 Contra Costa 19 San Diego
20 Santa Barbara 20 Inyo
21 Sutter 21 Benito
22 Calaveras 22 Amador
23 Alameda 23 Alameda
24 San Francisco 24 Mariposa
25 Tuolumne 25 Mendocino
26 Los Angeles 26 Humboldt
27 Riverside 27 Lassen
28 Solano 28 Solano
29 Tuolumne 29 Monterey

Not Ranked: Alpine, Sierra

We had one of our snakebite victims on the mechanical ventilator, and there was an electrical malfunction of the machine and we needed to use an ambu bag for eight hours. His brother was there, and we enlisted his aid in bagging. He posed for a picture at 3 o'clock in the morning.

To describe the angles of cultural immersion is like opening one of those gag gifts that consists of a neatly wrapped package only to find another slightly smaller package inside which needs to be unwrapped, then another and so on. When the plane landed in Kathmandu, the initial experience of landing in a city of two million people was overwhelming—like being in a movie but not being able to turn it off, ever. Tansen is on the edge of the vast roadless area of Nepal, on a clear day we could see the Himalayas even though these mountains were seventy miles away. Hundreds of thousands of people live in areas with no paved road or electricity. People light the night with kerosene lanterns.

The hospital serves a catchment area of about 750,000 people. Now ask yourself this question: if there was just one hospital for a city this size, and it had 160 beds, what would it be like? I was about to learn the answer to this question and more.

In 2007, I gained local notoriety when I was widely credited with saving the life of a young man who had been bitten by a Banded Krait, a species of snake whose venom is highly poisonous. I became a local hero. Many people who go to serve in a low income country being a fantasy of “rescuing” the natives, who will then be grateful. In reality, the local personnel are often just as intelligent as the foreigners. The best way to work is to get rid of the unnecessary baggage of thinking we are somehow superior. And yet, after the incident with the snakebite victim I found myself in this circumstance, a very singular experience. Life steps off into surrealism sometimes.

I spent much of that summer on the Pediatric ward. It was a psychological shock to care for pediatric victims of burn injury. Though I was not a Christian missionary per se, this burn care experience made me re-examine my faith. I think it helped me to strengthen my commitment to nursing as a necessary function of humanity.

In 2008 when I returned to Tansen, I was stationed on the adult Medical ward where we admitted most of our infectious disease victims. I learned more about TB and tropical diseases. I spent a good part of each day providing care in open wards with eleven patients to a room. When there was an overflow, they would admit patients to low-lying pallets in the corridors, and it was not unusual to have twenty or thirty patients sprinkled around the wards on these pallets. Everyone is accompanied by a relative, adding to the congestion. There was no air conditioned, and the local personnel are often just as intelligent as the foreigners. I think it helped me to strengthen my commitment to nursing as a necessary function of humanity.

We would love to hear from you on your own experiences working in Nepal in this capacity. It is often a difficult, sometimes frustrating experience, but it is highly rewarding at the same time. It is very gratifying to see the difference you can make in the lives of others, and it is often a life-changing experience.

We would love to hear from you on your own experiences working in Nepal in this capacity. It is often a difficult, sometimes frustrating experience, but it is highly rewarding at the same time. It is very gratifying to see the difference you can make in the lives of others, and it is often a life-changing experience.
Introducing the Pathway to Excellence® Program

The American Nurses Credentialing Center’s (ANCC) Pathway to Excellence® credential is granted to healthcare organizations that create work environments where nurses can flourish. The designation supports the professional satisfaction of nurses and identifies best places to work.

To earn Pathway to Excellence status, an organization must complete the specific Pathway to Excellence standards into its operating policies, procedures, and management practices. These standards are foundational to an ideal nursing practice environment with a positive impact on nurse satisfaction, engagement, and quality care. The designation confirms to the community that the healthcare organization is committed to nurses, recognizes what is important to nurses, and values their contributions in the workplace. Nurses know their efforts are supported. They invite other nurses to join them in this desirable and nurturing environment.

ANCC grants Pathway to Excellence designation for three years. Any healthcare organization, regardless of its size, setting, or location, may apply for this mark of excellence.

Program History

In 2003, the Texas Nurses Association (TNA) established its Nurse-Friendly™ hospital program to improve the workplace and positively impact nurse retention. With the help of a five-year funding grant from the Texas Hospital Institute for Patient Safety and Services Administration (HRSA), the program sought to enhance both the quality of patient care and professional satisfaction of nurses working in 14 Texas TNA designated its first Nurse-Friendly facility in 2005.1,14

The program attracted many inquiries from other states about possible expansion. Texas Nurse-Friendly sought to translate its program to a robust, collaborative organization that could build on this success, while assuring the program’s integrity as it expanded nationwide. ANCC was able to facilitate the expansion of the Texas NurseFriendly program into a national program and expand the TNA’s existing portfolio of credentialing activities. ANCC acquired the program in 2007.

In re-launching the Nurse-Friendly hospital designation to a national audience, ANCC renamed the program Pathway to Excellence®.

Healthy Work Environments Make a Difference

The impact of healthy work environments on nurse satisfaction and retention is evident in the literature.2-6 In addition, many studies have indicated a strong impact of a positive work environment on patient safety, patient satisfaction and quality care.2-6,14

Research has shown the nurse practice environment greatly influences factors that affect both the nurse and patient. One key priority in healthcare is the safe delivery of nursing care. The Institute of Medicine’s (IOM) report indicated that between 44,000 to 98,000 deaths occur annually due to medical errors.1 Nurses are among the healthcare professionals who practice in a complex environment and can impact patient safety through their clinical practice.

At the core of the Pathway to Excellence program is a nursing practice environment that supports shared governance, interdisciplinary collaboration, leadership, quality, safety, professional development and worklife balance. Tested in Magnet environments, similar characteristics have translated into better patient outcomes, nurse satisfaction and quality care.1,15

The ability for nurses to problem solve, collaborate with other disciplines and handle conflict is critical to quality patient care. This is particularly true in healthcare organizations that embrace the Magnet Recognition Program® and the Pathway to Excellence® Program; and accredit providers of continuing nursing education. In addition, ANCC’s Institute for Credentialing Innovation provides leading-edge information and education services and products to support its core credentialing programs.

Each Pathway to Excellence practice standard supports the essential components of a healthy work environment. The evidence indicates that elements of a healthy work environment such as the elements of a positive nursing practice environment have a great impact on nurse satisfaction and retention, a key component of a Pathway to Excellence designation.

The evidence also demonstrated an influence on patient safety and quality care as well. It is evident that a healthy work environment does indeed matter for both nurses and patients.

The Vision for the Pathway to Excellence Program

A vision is a statement about the desired future. With evidence and expert input, the Pathway to Excellence Program incorporates what both nurses and researchers agree are critical to high quality nursing practice, professional development, and job satisfaction. ANCC encourages the use of these standards in all nursing practice environments. The Pathway to Excellence practice standards are:

1. Nurses Control the Practice of Nursing
2. The Work Environment is Safe and Healthy
3. Systems are in Place to Address Patient Care and Practice Concerns
4. Orientation Prepares New Nurses
5. The Chief Nursing Officer is Qualified and Participates in All Levels
6. Professional Development is Provided and Utilized
7. Competitive Wages/Benefits are in Place
8. Nurses are Recognized for Achievements
9. A Balanced Lifestyle is Encouraged
10. Collaborative Interdisciplinary Relationships are Valued and Supported
11. Nurse Managers are Competent and Accountable
12. A Quality Program and Evidence-Based Practices are Utilized

What Makes this Program Unique?

ANCC’s Pathway to Excellence Program® recognizes the foundational elements of an ideal nursing practice environment whereas the Magnet Recognition Program® recognizes excellence in nursing and patient care. Pathway to Excellence standards focus on the workplace, a balanced lifestyle for nurses, and policies and procedures that support nurses on the job. Written documentation and a comprehensive, online nurse survey confirm the standards are met.

Is Your Organization Ready?

Use the Pathway to Excellence self-assessment tool at www.nursecredentialing.org to determine if your organization is ready to begin the application process. E-mail the Pathway to Excellence Program Office at pathwayinfo@ana.org if you have questions.

Learn More

Watch for upcoming articles with more information about the Pathway to Excellence program. Topics include:

• The Many Benefits of Pathway to Excellence Designation
• Getting Started: Organizational Assessment and Gap Analysis
• The Pathway to Excellence Standards and Elements of Performance
• How to Apply for Pathway to Excellence Designation
• The Pathway to Excellence Designation Evaluation Process
• Case Study: A Pathway to Excellence Facility

About the American Nurses Credentialing Center

The American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA), provides individuals and organizations throughout the nursing profession with the resources they need to achieve practice excellence. ANCC’s internationally renowned credentialing programs certify nurses in specialty practice areas; recognize healthcare organizations for promoting safe, positive work environments through the Magnet Recognition Program® and the Pathway to Excellence® Program; and accredit providers of continuing nursing education. In addition, ANCC’s Institute for Credentialing Innovation provides leading-edge information and education services and products to support its core credentialing programs.

References

Should Registered Nurses Home Address be Posted on the BRN Website?

SB 1111, a Department of Consumer Affairs legislation, introduced by Senator Negrete McCloud would require the Board of Nursing to post all nurses address of record on the website. The argument is that this is a consumer protection measure. The Department would like to have rules for all licensing boards that are the same. The California Medical Board was mandated to provide address’s of record a number of years ago. SB 1111 would now require this of all licensees.

ANA/C is opposed to this measure in the bill and working with the author to have the language removed. Unlike physicians, nurses do not usually have offices to have as their address of record. Additionally, many nurses cannot get mail at their workplace. A nurse has the option of getting a P.O. Box at their own expense. We do not believe this is a fair or safe measure. We also believe nurses cannot get mail at their workplace. A nurse has the option of getting a P.O. Box at their own expense. We do not believe an irate or dysfunctional patient should be able to get our home address.

Please let your Assemblyperson or Senator know how you feel about this measure. The bill should be heard in April or May! Your voice counts!

California Regulators Adopt Rules On Timely Access to Non-Emergency Care

SACRAMENTO, Calif.—Seven years after the enactment of legislation (A.B. 2179) directing it to do so, the California Department of Managed Health Care (DMHC) announced Jan. 20 it adopted regulations aimed at ensuring plan enrollees have timely access to health care services. According to DMHC Director Cindy Ehnes, the new rules make California the first state to shorten the time a patient has to wait to see a doctor by requiring that managed care plans ensure member appointments with medical providers be scheduled within certain time frames.

“California patients are literally sick of having to wait weeks to see a doctor,” Ehnes said in a Jan. 20 statement. DMHC said it receives complaints from managed care plan members having difficulty getting appointments with doctors, noting a 2009 study found that new patients in preferred provider organizations and health maintenance organizations wait an average of 59 days to see a family practice physician in Los Angeles.

The adoption of the rules follows multiple rounds of public comment from managed care plans, providers, and consumers through most of last year. The state’s Office of Administrative Law (OAL), which oversees regulatory agency rulemaking, rejected a previous version of the regulations issued Jan. 9, 2009, on the grounds that it provided too little time for public comment. In March 2008, OAL also disapproved an earlier set of proposed rules after OAL concluded that by allowing plans to develop their own standards for patient wait times, they failed to comply with California administrative law requiring regulations to set uniform standard governing all plans.

Time Frames for Appointment Scheduling

The rules require managed care plans meet the following appointment scheduling time frames:

- urgent care appointments for services that do not require prior authorization within 48 hours of the request for appointment;
- urgent care appointments for services that require prior authorization within 96 hours of the request for appointment;
- nonurgent appointments for primary care within 10 business days of the request for appointment;
- nonurgent appointments with specialist physicians within 15 business days of the request for appointment;
- nonurgent appointments with a nonphysician mental health care provider within 10 business days of the request for appointment;
- nonurgent appointments for ancillary services for the diagnosis or treatment of injury, illness, or other health condition within 15 business days of the request for appointment.

However, the regulations permit these time frames to be extended if a provider has determined a longer waiting time will not have a detrimental impact on the health of the patient. The rules also contain an exception for nonurgent services including preventive care and periodic follow-up care. Plans must also provide 24/7 triage or screening services by telephone with wait times not exceeding 30 minutes. Telephone triage or screening services can be provided through plan-operated telephonic triage or medical advice services, the plan’s contracted primary care and mental health care provider network, or other means.

Must Ensure Sufficient Numbers of Providers

Under the regulations, managed care plans are required to adopt written quality assurance standards ensuring they have enough contracted providers to comply with the rules. Plans must draw up compliance monitoring policies and procedures for DMHC review and approval that accurately measure the accessibility and availability of contracted providers and document network capacity. Plans must also survey providers and enrollees annually to assess compliance with timely access to care standards.

Managed care plans that use a preferred provider organization network may demonstrate compliance with network provider availability requirements by monitoring at least annually the number of PPO primary care and specialty physicians under contract with the plan in each county of the plan’s service area, enrollee grievances and appeals regarding timely access, and the rates of compliance with the timely access to care standards.

The rules also require managed care plans to implement “prompt investigation and corrective action” when their compliance monitoring determines their provider network is not sufficient to ensure timely member access to care.

Groundbreaking Consumer Protections

Health Access California, a consumer advocacy coalition that sponsored A.B. 2179 in 2002, noted that while the concept of timely access to health care was one of the “cornerstones” of the original Knox-Keene Act of 1975 that established and regulated managed care plans in California, it remained largely unrealized and unenforced.

“These groundbreaking consumer protections will help ensure that HMO patients get the care they need, when they need it,” Anthony Wright, executive director of Health Access California, said in a Jan. 20 statement.

“Care delayed is often care denied, leading to worse health outcomes or unnecessary visits to the emergency room,” Wright said. “These new first-in-the-nation patient rights will provide consumers with clear expectations about how quickly they should get in to see a doctor or specialist.”
The following four scholarships/awards are available through the Golden State Nursing Foundation.

The Jo Anne Powell Innovation in Nursing Award provides monetary recognition to Registered Nurses who have been creative in their practice.

The Betty Curtis Career Achievement Award provides funds for Registered Nurses embarking on an activity that will result in significant career advancement within nursing.

The Catherine J. Dodd Health Policy Scholarship provides funds for Registered Nurses enrolled in a graduate level academic program who have demonstrated some experience in government relations or health policy activities and express an intent to pursue health policy issues and activities in the future.

The Tony Leone Scholarship provides funds for Registered Nurses seeking a Bachelor’s degree in nursing.

Nursing Float

The Tournament of Roses® 120th parade is now a memory of holidays past. We are embarking on a new decade with the completion of the Nurses’ Float just a short four years away.

Bare Root, Inc. has interviewed five float builders, narrowed down the choice to two builders and then made the final decision—Phoenix Decorating Company. The Board of Directors of Bare Root, Inc. were able to view the actual construction of parade floats and as the 2010 parade was nearing a reality, the actual placement of the flowers on the Floats. The pride the volunteers took in their jobs was extremely edifying. The Board believes Phoenix will have a conceptual drawing available soon for all to view which will bring the reality of the Nurses’ Float even closer.

Keeping the reality of the project in mind, Bare Root, Inc. is encouraging nurses nationwide to support the project through financial donations and spreading the word about the project.

Bare Root, Inc. would like to introduce you to a nurse working at the grassroots level and what she has been able to accomplish for the Nurses’ Float. She is: Sylvia S. Estrada, RNC-WHNP, MSN, MSHCM, BSN—Breast Research Nurse Coordinator—Samuel Oschner Comprehensive Cancer Institute Cedars-Sinai Medical Center, Los Angeles, CA

Sylvia read an article in Advanced Nurses about the Nurses’ Float and thought what a great way to feature nurses and the profession of nursing to the world. Sylvia chooses to work at the grassroots level and has convinced the three Nursing Associations she belongs to to support the Nurses’ Float project. As a result there has been a three year commitment to fundraise for the Nurses’ Float by:

- California Nurse Practitioner—Chapter 17 (CANP)
- Greater Los Angeles Area Oncology Nurses
- Los Angeles Chapter of Hispanic Nurses (LA NAHN)

Sylvia has succeeded in placing Sally Bixby RN on (LA NAHN)

The American Nurses Association (ANA), the largest nursing organization in the U.S., is pleased to announce that ANA member Nancy E. Donaldson, D.N.Sc., RN, has been appointed as one of the seven new members to the National Advisory Council for the Agency for Healthcare Research and Quality (AHRQ). The Council provides advice and recommendations to the Secretary and the Director of AHRQ on priorities for a national health services research agenda. Donaldson currently serves as the director for the Center for Research and Innovation in Patient Care, School of Nursing, University of California, San Francisco.

Nancy has been a long time member of the ANA and ANA California, formerly serving as a 2 term member of the Board of Directors. In 1995, Nancy spearheaded a collaborative project with ACNL, representing ANAVC that became CALNOC (Collaborative Alliance for Nursing Outcomes, formerly known as the California Nursing Outcomes Coalition), the nation’s first nursing quality benchmarking registry, and contributed to the development of the ANA’sNDNQI. Donaldson is founding Co-Principal Investigator of CALNOC, now in its 15th year as a continuing research and development enterprise, CALNOC is one of the foremost databases of nursing indicators in the United States. Donaldson as been funded as a patient safety investigator by HRSA, AHRQ, RWJF and Gordon and Betty Moore Foundation.

ANA Files Amicus Brief in Support of the City of Oakland

Consistent with ANA’s policy supporting access to health care services without fear of coercion, ANA has signed an amicus brief in support of the City of Oakland. Oakland successfully defended a challenge to an ordinance that forbid unwelcome contact or interaction within 8 feet of someone who is trying to gain entry to a reproductive health clinic. The case is pending before the 9th circuit. The district court found the ordinance to be a lawful restriction that protects patients and does not unconstitutionally infringe on protesters’ rights to express their views. ANA supports the district court’s assessment.

ANA Sponsors Rose Bowl Nursing Float 2013

The American Nurses Association has committed to a $5,000 sponsorship (at the Rose Christian Dior level) of the Flowers 4 the Float (F4TF) initiative at the 2013 Tournament of Roses Parade.

As the largest nursing organization in the U.S., ANA is delighted to participate as a financial sponsor of this historic initiative. The Nurses Float is a once-in-a-lifetime opportunity to showcase and celebrate—on a grand national stage—our noble profession and the millions of talented, dedicated individuals who provide outstanding nursing care for our nation’s citizens every day. Nurses have truly earned this spotlight, and ANA is proud to be a part of this unique event.

As your organization continues to build awareness, momentum, and excitement for this event, we look forward to collaborating with you to help make the F4TF initiative an unqualified success!
Application for Membership

Last Name | First Name | MI | Credentials | Date of Application
----------|------------|----|-------------|-------------------
           |            |    |             |                   

Mailing Address | Apt./Unit Number | Home Phone | ANA-ANA-CAPNAP
City | State | Zip Code | 6 CAPNAP

E-mail Address | Basic School of Nursing
Place of Employment | License Number | Year Graduated
Title/Building/Department | Business Phone
Address | Business Fax

City | State | Zip Code

Join/Renew CAPNAP Membership | $ 58.00 | Membership in CAPNAP only
Join ANA through ANA-C and renew CAPNAP Membership | $25.00 | Full Membership
| $17.27 | Student Membership
| $ 6.75 | Retired Membership

I WOULD like to join ANA through ANA-C at this time. By joining ANA-ANA-C today, I understand I do not owe an additional $50.00 for my membership in CAPNAP.

I am CURRENTLY a member of ANA through ANA-C and plan to renew my membership in ANA-ANA-C when due. I understand that I do not owe an additional $50.00 for my membership in CAPNAP because of my current membership in ANA-ANA-C.

I am NOT a member of ANA through ANA-C at this time, nor do I wish to join this year. I am therefore paying $50.00 for a one-year membership in CAPNAP only.

Yes, add my email address to the CAPNAP/ANAC list serve so that I will receive email notifications of current legislation that CAPNAP/ANAC (if applicable) is following.

I am interested in or would like to serve on a CAPNAP Committee (please check all that interest you):

- Legislative Committee
- Bylaws Committee
- Policy and Practice Committee
- Continuing Education Committee
- Membership Committee
- Finance Committee
- Nominating Committee
### Membership Application

**American Nurses Association \ California**

<table>
<thead>
<tr>
<th>Last Name/First Name/Middle Initial</th>
<th>Credentials</th>
<th>Date of Application</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Apt. / Unit Number</th>
<th>Home Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City / State</th>
<th>Postal Code ‘Zip’</th>
<th>Home Fax Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Basic School of Nursing</th>
<th>Year Graduated</th>
<th>License Number / State</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>Business Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title/Building/Department</th>
<th>Business Fax</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>E-mail Address</th>
</tr>
</thead>
</table>

**MEMBERSHIP DUES VARY BY STATE**

**Membership Category (Check one)**

- [ ] Full Membership Dues—$255
  - [ ] Full Time
  - [ ] Part Time

- [ ] Reduced Membership Dues—$127.50
  - [ ] Full Time Student
  - [ ] New graduate from basic nursing education program, within six months after graduation (first membership year only)
  - [ ] 62 years of age or over and not earning more than Social Security allows

- [ ] Special Membership Dues—$63.75
  - [ ] 62 years of age or over and not employed
  - [ ] Totally Disabled

Note: $7.50 of the SNA member dues is for subscription to *The American Nurse*. A percentage of your dues may or may not be applied to an SNA/DNA subscription. State nurses association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, that percentage of dues used for lobbying by the SNA is not deductible as a business expense. Please check with your SNA for the correct amount.

**Payment Plan (Check One)**

- [ ] Full Annual Payment
  - [ ] Check
  - [ ] Master Card or VISA Bank Card
    (Available for Annual payment only)

**Payment Plan (continued)**

- [ ] Electronic Dues Payment Plan (EDPP)
  - Read, sign the authorization, and enclose a check for first month’s EDPP payment (contact your SNA/DNA for appropriate rate). 1/12 of your annual dues will be withdrawn from your checking account each month in addition to a monthly service fee.

**AUTHORIZATION** to provide monthly electronic payments to American Nurses Association (ANA)

This is to authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month’s payment. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice. The undersigned may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to the deduction date as designated above. ANA will charge a $5.00 fee for any return drafts.

**Mail with payment to:**

American Nurses Association/California

1121 L Street, Suite 459

Sacramento, CA 95814

**Signature for EDPP Authorization**

---

**Help us stay in touch:**

Do you have a new address or e-mail address?

You can help American Nurses Association/California ‘stay in touch’ by updating your contact information. Call ANAC at 916-447-0225, e-mail us at anac@anacalifornia.org or return this form to:

The ‘Nursing Voice’

c/o ANAC

1121 L Street, Suite 409

Sacramento, CA 95814

ANAC Member Identification No. (if applicable)

Name: __________________________

New Address: _______________________  ______________________

Old Address: _______________________  ______________________

New E-mail Address: ____________________

*** This is not to update your license information with the Board of Registered Nursing. Go to www.rn.ca.gov

---

**American Nurses Association California**

AN AFFILIATE OF THE

**AMERICAN NURSES ASSOCIATION**

---

**ABA**

Matt

06-24-2010

Employer

Code

STATE DIST REG Approved by ______ Date ______

**Expiration Date**

Month Year  AMOUNT ENCLOSED CHECK #

Sponsor, if applicable ____________________

SNA membership # ____________________