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SCAPA Policies And Procedures

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SCAPA POLICIES & PROCEDURES

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Financial Management Policy

1. Executive Staff

- a. Executive Staff writes and signs checks for budgeted items up to \$500.
- b. All checks over \$500 require approval from Treasurer. The President will be contacted for approval if the Treasurer is not available.
 - i. Fax a copy of the check and invoice with an explanation of the expense.
 - ii. The Treasurer (or President) will sign and return the fax indicating approval or disapproval
 - iii. The payment will not be made until approval has been obtained.
- c. Expenses not included in the budget require approval from the Treasurer and the President with subsequent approval by the board of directors.
 - i. Executive staff may obtain approval by email.
 - ii. Executive Committee can approve such expenditures between regular board meetings
 - iii. The action will be placed on the agenda of the next board meeting or conference call.
- d. Executive staff will mail, or email/fax if secure, a copy of SCAPA monthly statements.
 - i. Documentation of expenditures will be sent to the Treasurer along with a copy of the bank statement, transaction report, and updated financial reports.
 - ii. A copy of the financial report will also be sent to the President.
 - iii. Monthly invoices of management billing will be sent to the President.
- e. An annual audit of the books will be performed in June of each year by a method determined by the board.
 - i. The Treasurer will serve as Chair of the Finance Committee.
 - ii. Contractual services may be retained by the board of directors for performance of the audit.
 - iii. A report of the audit will be presented to the Executive Committee.

2. Reimbursement for Expenses incurred in duties related to SCAPA

- a. All requests for reimbursement must be made on the approved request form (Appendix I) and must be submitted within 30 days of the travel.
- b. Supplies and materials should be requested from executive staff prior to purchase. If these items are not available, reimbursement will be considered with appropriate receipts.
- c. In general, travel greater than 50 miles for the purpose of board meeting, committee duties or meetings and representation of SCAPA to other bodies will be reimbursed provided that the appropriate documentation is submitted along with a report to the board of directors
- d. Travel will be reimbursed at the rate of \$.30/mile or lowest possible airfare.
 - i. Car pooling is recommended when two or more representatives are traveling from the same general location.

- ii. Additional travel in conjunction with the SCAPA duties will be deducted from the total amount.
 - iii. The amount of reimbursement will be reviewed annually by the Finance Committee.
- e. Reasonable ground transportation will be reimbursed. The use of the lower cost methods of transportation is encouraged.
- f. Housing costs will be reimbursed at reasonable rates to include the cost of the room and the applicable taxes
 - i. Will be reimbursed for only the dates required for SCAPA business
 - ii. Will not include incidental expenses
 - iii. Receipts must be attached
- g. Per diem expenses
 - i. Meals and incidentals will be covered at a rate not in excess of \$50.00 daily.
 - ii. Meals included in the program or function will be deducted from the per diem allowance
 - 1. breakfast \$10.00
 - 2. lunch \$15.00
 - 3. dinner \$25.00
 - iii. Receipts must be attached with the request.
 - iv. Reimbursement not include payment for alcoholic beverages

3. House of Delegates Representatives Reimbursement

- i. The board of directors will review annually the total funding designated for the HOD representatives.
- ii. General guidelines for reimbursement will follow the same designation as for all other SCAPA sponsored travel
- iii. Reimbursement may be adjusted if the total days required exceeds 4 nights of travel.
- iv. Airfare must be scheduled for the lowest rate and scheduled at least 30 in advance to obtain the lowest rate.
- v. Reimbursement greater than the amount budgeted per delegate must be approved by the President.

4. SERM Representative Reimbursement

- a. Reimbursement will be made for individuals representing SCAPA to the Southeast Regional Meeting as budgeted.
- b. General guidelines for reimbursement will follow the same designation as for all other SCAPA sponsored travel.

Committee Policies

1. Committees general policies

- a. Following appointment, the Chair of the committee will:
 - i. Submit goals and objectives for the committee
 - ii. Prepare a budget request (Appendix II)
 - iii. Communicate all actions and plans to the President.
- b. Reimbursement for expenses incurred related to committee/board activities must be within the budget for the committee and follow financial policies.

2. Awards Committee

- a. The awards committee will consist of a chair appointed by the President with approval of the board, and at least two previous recipients of the PA of the Year award.
 - i. SCAPA executive staff shall serve as an advisor to the committee.
 - ii. The immediate past award winner will serve as the chair of the committee
 - iii. The chair will make recommendations to the President Elect for members of the committee for the coming year.
- b. The Committee will be responsible for selecting the recipient for SCAPA's PA of the Year award.
- c. A solicitation for nominations should be made in July of each year.
- d. The recipient will be selected at least 45 days prior to the annual conference.
- e. The President will notify the recipient of the award.
- f. Selection is based on the established criteria as approved by the Board of Directors. (see Appendix III).

3. Membership Committee

- a. Membership dues are due in January of each year. (Appendix VI)
- b. Members not renewing following a second notice will be removed from the membership roster.
 - i. The membership committee will contact each non-renewing member.
 - ii. A report will be made annually to the board of Directors on the reasons for non-renewal.
- c. Membership dues received before the fall conference will be applied to the current year and those received after the fall conference will be applied to the following membership year.
- d. Nominees for office must be members in good standing prior to disbursement of the ballots.

4. House of Delegates Representative Policies

- a. The House of Delegates representatives will be determined by the election process.
- b. AAPA determines the number of delegates to the House of Delegates based on the number of members from the constituent.
- c. Elected delegates will begin the term of office in May of the year of election.

- d. The term of office for the HOD will be 3 years.
- e. All resolutions prepared by the SCAPA delegation must be presented to the board of directors for consideration and approval prior to submission to the AAPA.
- f. Chief Delegate
 - i. The most senior delegate will serve as the chief delegate
 - ii. Coordinate the activities of the delegates with regard to functions in the HOD
 - iii. Coordinate the reporting to the SCAPA board following the meeting. All delegates must be fellow members of SCAPA in good standing throughout the term of office. A delegate may succeed him/herself for one additional term (a total of 2 terms or 6 years).
- g. If a delegate is unable to fulfill the duties of a delegate, notification must be given in writing to the President at least one month prior to the AAPA House of Delegates meeting.
- h. Alternate Delegates
 - i. The first alternate delegate will be contacted if any one of the delegates is unable to fulfill the term of office.
 - ii. He/she will complete the term previously held by the resigning delegate.
 - iii. Selection will be made by the ranking of the nominees according to the number of votes cast.
 - iv. Alternate delegates will be ranked according to the number of votes received.
 - v. Assuming the position of delegate for the remainder of a term shall not restrict the alternate for running as a delegate for the 2 terms outlined above.
- i. Refer to the Appendix V for delegate responsibilities as outlined by AAPA.

5. Continuing Education Committee

- a. The committee will be appointed by the President.
- b. Activities of the committee will begin in January of the year of appointment (Appendix IV)
- c. Appointment of Subcommittees
 - i. CME approval
 - ii. Grant applications
 - iii. Vendor exhibits
 - iv. Social activities
 - v. Marketing
- d. Activities in the first quarter:
 - i. Review evaluations of the previous conference
 - ii. Contact Area representatives for recommendations of topics and speakers
 - iii. Contact AAPA for speaker program opportunities
 - iv. Solicitation of grant funding for the October meeting
 - v. Contact AAPA for CME approval guidelines

- e. Each conference must include the following
 - i. Professional wellness, narcotic prescribing, 2 hours minimum
 - ii. Diversity topic, 1 lecture or workshop minimum
 - iii. Topics that promote improved practice, review of medicine principles, and avoid proprietary business interests.

Appendix

- Appendix I Expense Reimbursement Request Form
- Appendix II Budget Request Form
- Appendix III PA of the Year Criteria
- Appendix IV AAPA Conference Planning Guidelines
- Appendix V AAPA Delegate Responsibilities
- Appendix VI SCAPA Membership Form

South Carolina Academy of Physician Assistants
REIMBURSEMENT FORM

Name _____

Make Check Payable to: _____

Address: _____

Meeting of: _____

Dates: _____ Location: _____

Complete and ***attach receipts***

Airfare (coach economy with 14-day advance purchase) \$ _____

Ground transportation (_____ miles at \$0.30, cab fares, airport shuttles, etc) \$ _____

Parking and tolls \$ _____

Meals \$ _____

Accommodations \$ _____

Other expenses: _____ \$ _____

_____ \$ _____

TOTAL \$ _____

Signature: _____

Individual submitting report

Date: _____

Social Security Number: _____

Please submit within 30 days of your trip with appropriate receipts to the SCAPA office by mail at PO Box 2054, Lexington, SC 29071, by fax at (803) 356-6826, or by email at scapa@sc.rr.com.

FOR SCAPA OFFICE USE ONLY

Date Paid: _____

Check #: _____

2007-2008 BUDGET REQUEST FORM

Committee: _____

Chair: _____

Previous Year Funding History

Amount budgeted	
Amount used	

Breakdown of funds used:

DESCRIPTION	AMOUNT

Current Year Funding Requested

Budget requested	
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Breakdown of how funds will be used:

DESCRIPTION	AMOUNT

Please return this form to scapa@sc.rr.com by the date requested.

Physician Assistant of the Year Award

The PA of the Year Award honors a physician assistant who has demonstrated exemplary service to the PA profession and the community and has furthered the image of physician assistants.

PROCESS

The SCAPA Awards Committee administers the PA of the Year Award.

The Awards Committee will consist of five members to include at least three past PA of the Year Award recipients and two additional members to be appointed by the President with the advice and consent of the Board. The immediate past PA of the Year Award recipient will serve as chair.

The Awards Committee should extend a call for nominations to SCAPA members no later than June 1 with nominations submitted no later than July 1.

Any SCAPA member has the right to submit a nomination. Nomination materials should include a written rationale or biographical abstract detailing how the nominee meets the award's criteria and why he/she is deserving of the award.

The Awards Committee shall review all nominations and select the PA of the Year recipient no later than August 1. The recipient should be notified of the award by August 5 so that arrangements can be made for the recipient and appropriate family members to attend the Award Ceremony at the SCAPA Fall CME Conference.

In addition to a crystal award and a contribution in the recipient's name to the Elizabeth Gouge Scholarship Fund, the recipient will receive complimentary conference registration, one night's lodging associated with attending the awards presentation, and complimentary tickets for family members to attend the function at which the award is presented.

CRITERIA

The potential recipient must be a Fellow member of SCAPA in good standing for a minimum of five years with SCAPA, BME, and NCCPA and whose contributions span the entire career of the individual. Characteristics by which nominees will be judged, and that should be addressed in the nomination process, include but are not limited to:

- **Evidence of recognition by all segments of the PA profession and by others** – Is this person well-known by the PA profession and well recognized by PAs of different generations? Is this someone for whom there is “clear evidence” of his/her commitment to the PA profession and to SCAPA? Is it someone who is revered? What awards and forms of recognition has this person received during his/her career?
- **Evidence of commitment to the PA profession** – How has this person demonstrated long-term commitment to the PA profession and to SCAPA over many years of practice and experience? Has this person spent time outside of clinical practice to promote the PA profession?

- **Evidence of championing the PA cause** – How has this person promoted the PA profession? How has this person supported the PA profession and SCAPA? How has this person pushed for the innovative use of PAs and championed the utilization of PAs?
- **Evidence of time spent educating and influencing others in support of the PA profession** – Has this person lobbied for the PA profession legislatively or before individuals or groups that can impact the PA profession? How has this person taken the PA message to others?
- **Evidence of outreach to individual PAs and PA students** – How has this person reached out to individual members of SCAPA? How has this person worked with individual PAs within his/her practice? Has this individual mentored PA students, taught courses at CME event or PA programs, etc?
- **Demonstrated speaking and/or writing skills** – What writings has this person published on the PA profession? What speaking engagements has this person done in support of the PA profession or SCAPA?

The committee members will consider all nominees and select the winner based on the above criteria and eligibility requirements. Selection should be made at least 45 days prior to the conference in order that arrangements can be made for the recipient and family members to attend. Notification of the recipient will be made by the President of SCAPA.

SOUTH CAROLINA ACADEMY OF PHYSICIAN ASSISTANTS

Post Office Box 2054, Lexington, SC 29071 ■ (803) 356-6809 ■ scapa@sc.rr.com ■ www.scapapartners.org

MEMBERSHIP APPLICATION

Please complete the following application for membership into the South Carolina Academy of Physician Assistants. Membership follows the calendar year except for student membership, which runs for the duration of enrollment in school and until the renewal date following graduation. **Please print clearly.**

Name: _____

Business Name: _____

Business Address: _____

City, State, Zip: _____

Business Phone: _____ **Fax:** _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ **Email:** _____

SC License #: _____ **AAPA #:** _____ **NCCPA #:** _____

Preferred address: For mail: Business Home **For directory list:** Business Home None

Practice Specialty: (select one): Cardiology CV Surgery Derm ED FP/IM Gastro
 OB/GYN Ortho Peds Rheumatology Urology
 Other _____

CATEGORIES OF MEMBERSHIP: *Please check one.*

- Fellow – PAs who are members of both SCAPA and AAPA; have full SCAPA voting privileges.
- Associate- PAs who are members of SCAPA but not AAPA; have limited SCAPA voting privileges.
- Affiliate – PAs who are no longer in practice or PAs outside of SC; have no voting rights.
- Student – Students enrolled in an accredited PA program. Membership runs through graduation year. Graduation date: _____

DUES: *Please check one.*

- New Fellow - \$90
- New Associate- \$90
- Renewing Fellow - \$75
- Renewing Associate - \$75
- Affiliate - \$50
- Student - \$25

VOLUNTEER LEADERSHIP: *The work of SCAPA is done through its committee structure. Leadership opportunities are available in the following areas. If you are willing to serve on a committee, please check all areas of interest*

- CME Planning
- Membership
- Legislative
- Public Education
- Diversity
- Reimbursement
- Wellness/Impairment
- Communications (Newsletter and Website)

PAYMENT OPTIONS: *Please check one.*

- Check or money
 - MC, VISA, AMEX
- Card Number _____
Exp Date _____ Security Code _____
Zip code for card address _____
Name on card _____
Signature _____

I understand that by providing my mailing address, e-mail address, telephone number, and fax number, I consent to receive communications via regular mail, e-mail, telephone, and/or fax sent by or on behalf of the South Carolina Academy of Physician Assistants.

Signed _____