STATEMENT OF POLICY: This policy provides guidelines for the expectations of the American Pediatric Surgical Nurses Association, Inc. (APSNA) Special Interest Groups (SIGs).

Purpose: APSNA SIGs are established to allow members to share common interests in an organized, formal manner and to act as a resource for the APSNA Board of Directors (BOD) and general membership.

Relationship to the BOD and the Membership:

I. SIGs will serve as subgroups of APSNA and may only participate in activities that are consistent with the philosophy, mission, bylaws, strategic plan, health policy agenda and/or research agenda of APSNA.

II. SIGs will be expected to provide expertise as needed in the appropriate specialty area, for projects such as development of Position Statements or educational materials, to advise on pending legislation, act as Task Force members, or liaisons to other organizations.

III. SIGs may not speak on behalf of the organization unless the BOD has approved a statement, policy or position statement in advance.

IV. SIG Chairs are expected to sign and acknowledge the APSNA Conflict of Interest, Statement of Values and Ethical Standards, Anti-Harassment/Discrimination Policies, Information Technology Policy and listserve Netiquette Guidelines.

PROCEDURE:

I. Petition Requirements for Charter Formation:
   A. Groups applying for SIG status shall petition the BOD for approval through the Director of Practice and Quality (DPQ).
   B. In order to create a new SIG, interested members must follow a process that is designed to offer some assurance that a chartered SIG will be able to maintain a membership constituency and address a subject area not within the scope of any existing SIG.
      a. Founding members shall prepare and submit the document: “Charter for New Special Interest Group,” which includes the following information:
         1. Proposed name of SIG.
         2. Initial or first year measurable goals and proposed long-term goals that are not duplicate or build on the first-year goals.
         3. Rationale or perceived need for the group and expected impact of the SIG on the area of interest and APSNA. This rationale needs to be
substantiated with evidence-based data and/or member needs assessment data.

4. Proposed activities for the first two years. These activities should be aligned with the goals listed above.

5. Anticipated areas of support needed from the BOD.

6. Identification of the Chair and Co-chair for the petitioned SIG. The SIG Chair and Co-Chair will maintain active membership with APSNA while serving as a SIG Chair or Co-chair.
   a. Applicants will submit their curriculum vitae and letter of intent to the DPQ.
   b. The letter of intent will address:
      i. The candidate's qualifications for the position (i.e., previous leadership experience and clinical expertise).
      ii. Specific plans to improve the SIG’s recruitment and engagement.
      iii. The applicant’s ability to work with other chairs and co-chairs.
      iv. How the SIG and the chair align with the philosophy, mission, bylaws, strategic plan, health policy agenda and/or research agenda of APSNA.

7. Identification of founding members and expected membership potential (a list of APSNA members along with their contact information must be provided). Having a substantial number of founding members is beneficial to the success of a SIG.

C. The DPQ will make recommendations to the BOD in the development of a new SIG.

II. Appointment of new SIG Chair or Co-Chair:

A. All SIG Chairs need to have a succession plan and recruit a replacement before stepping down.

B. Replacement SIG Chair or Co-chair will be recommended by the prior SIG Chair or Co-Chair and the SIG membership.

C. The SIG Chair and/or Co-Chair will maintain active membership with APSNA while serving as a SIG Chair or Co-chair.
   1. Applicants will submit their curriculum vitae and letter of intent to the DPQ.
   2. The letter of intent will address:
      a. The candidate's qualifications for the position (i.e., previous leadership experience and clinical expertise),
      b. Specific items to improve the SIG’s recruitment and engagement.
      c. The ability to work with other chairs and co-chairs.
      d. How the SIG and the chair align with the philosophy, mission, bylaws, strategic plan, health policy agenda and/or research agenda of APSNA.

D. The DPQ will make recommendations to the BOD in the appointment of a new SIG Chair or Co-Chair.

E. The new SIG Chair or Co-Chair will be appointed by the President after approval by the BOD and the DPQ.

F. Terms for SIG Chairs will be 2 years. A Chair may be reappointed by the President for a second term at the recommendation of the DPQ. A Chair may not serve more than 2 consecutive terms.
G. Ideally replacement of SIG Co-Chairs will be staggered by 6 months to 1 year.

III. Responsibilities of the DPQ:

A. The DPQ shall act as a liaison for communication between the SIG and the BOD. The DPQ shall provide guidance and mentoring, act as a resource for information and empower problem solving.

B. The DPQ will provide additional support, including:
   1. Distribution of information about SIG policies.
   2. Providing quarterly SIG membership reports.
   4. Assistance with listserv development and web-based capabilities (in collaboration with APSNA Secretary).

C. Share activity of each SIG, which may be of interest to other SIG’s. Monitor all SIG initiatives and help to determine where these activities may be integrated with the work of other SIGs.

D. The DPQ will track terms and appointments of all SIG chairs and will report to the BOD annually and as needed.

IV. Responsibilities of the SIG:

A. The SIG will be expected to provide its own mechanism for activities such as recording and typing of meeting minutes and other administrative work.

B. Regular communication is expected via the listserv, SIG Pages on APSNA’s website, and at least two newsletters per year via the News You Can Use.

C. An annual membership meeting at the APSNA Annual Conference.

D. Submit an annual report including SIG activities and one or more goal(s) for the year. The annual report is to be submitted to the DPQ at least one month prior to the annual conference.

E. Develop agenda items for SIG Chair meetings, when scheduled and needed.

F. SIGs that do not fulfill the above responsibilities may be asked by the BOD to cease operations.

V. Dissolution of SIG

A. Because information science is a dynamic discipline, areas of subject interest change with time. While dissolution is a relatively infrequent happening, it is a prospect that is faced by all SIGs. The dissolution of a SIG may be considered for several reasons, including, but not limited to, the following circumstances:
   1. A SIG shows no activity for one or more years
   2. The special interest of the SIG represents a fading interest area
   3. The SIG is unable to retain membership at minimally acceptable levels or the SIG's efforts are duplicated or closely matched by another SIG

B. Recommendations for dissolution can come from the SIG's leadership, membership, or from the BOD. The final decision to dissolve a SIG is made by the BOD.

C. A SIG shall be dissolved at the recommendation of the DPQ to the BOD only after options for continuance have been thoroughly explored by the SIG Chair/Co-Chairs and the DPQ with input from the Executive Committee.

D. The membership will be notified accordingly.