

**PARLIAMENTARY PROCEDURES . . . AT A GLANCE**

TO DO THIS	YOU SAY THIS:	MAY YOU INTERRUPT A SPEAKER?	DO YOU NEED A SECOND?	IS IT DEBATABLE?	CAN IT BE AMENDED?	WHAT VOTE IS NEEDED?	CAN IT BE RECONSIDERED?
Introduce business	"I move that..."	No	Yes	Yes	Yes	Majority	Yes
Amend a motion	"I move to amend the motion by..."	No	Yes	Yes <sup>3</sup>	Yes	Majority	Yes
Withdraw a motion	"I move to withdraw..."	No	No	No	No	Majority	Yes
End debate and amendments	"I move the previous question"	No	Yes	No	No	2/3	No <sup>1</sup>
Give closer study of something	"I move to refer the matter to Committee..."	No	Yes	Yes	Yes	Majority	Yes <sup>2</sup>
Postpone discussion for a certain time	"I move to postpone the discussion until..."	No	Yes	Yes	Yes	Majority	Yes
Temporarily suspend consideration of an issue	"I move to table the motion"	No	Yes	No	No	Majority	No
Protest breach of rules or conduct	"I rise to a point of order"	Yes	No	No	No	No Vote <sup>4</sup>	No
Request information	"Point of information"	Yes	No	No	No	No Vote	No
Complain about heat, noise, etc.	"I rise to a question of privilege"	Yes	No	No	No	No Vote	No (usually)
Verify a voice vote by show of hands	"I call for a division" or "Division"	Yes	No	No	No	No Vote	No
Take up a matter previously tabled	"I move to take from the table..."	No	Yes	No	No	Majority	No
Suspend rules temporarily	"I move to suspend the rules so that..."	No	Yes	No	No	2/3	No
Call an intermission	"I move that we recess for..."	No	Yes	No	Yes	Majority	No
Adjourn meeting	"I move that we adjourn"	No	Yes	No	No	Majority	No
Notes: 1. Unless vote on question is not yet taken. 2. Unless the Committee has already taken up the subject. 3. Only if the motion to be amended is debatable.							

**Executive Session:**

- a. Executive sessions shall be an important mechanism for conducting confidential business of the Board of Directors' meetings,
- b. Executive sessions of the Board of Directors shall be held in strict accordance with the NCSRC Bylaws and Robert's Rules of Order.
- c. All items discussed in executive session shall be held in strict confidence by all who are in attendance and may not be divulged by individuals other than the Board.
- d. The Board of Directors shall review a member of the board who is suspected of violating this rule in accordance with due process.
- e. A member of the Board found to be in violation of this rule shall be subject to disciplinary action up to and including removal from office.
- f. The Board shall file a complaint with the Judicial Committee regarding such members being found in violation of this rule.
- g. Any executive session information that is guaranteed to the effective functioning of the Board of Directors shall be disseminated to all board members in the timeliest fashion possible (e.g., Executive, budget, items from the Judicial Committee and special committees' business and proposed documents).

**EXECUTIVE SECRETARY – POSITION & JOB DESCRIPTION**

**Administrative services may include the following:**

- Central office services for membership and routine secretarial assistance.
- Word processing and distribution of all society correspondence.
- Forwarding of correspondence to board members and state society members as requested by the President.
- Directing of the association's Bylaws & Standing Rules to [www.ncsrc.org](http://www.ncsrc.org) under Visitor
- Provide secretarial assistance to committee chairs as requested.
- Maintain a database that includes executive officers, board of directors, exhibitors, etc., with sorting capabilities.
- Maintain accurate records of educational program attendees.
- Maintenance of all records and reports.
  - Provide updated records and reports on a NCSRC storage device (e.g., cloud drive and/or flash-drive) to each officer according to the required responsibilities.
- Provide confidential, secured storage space of society's files and records.
- Maintain confidentiality of all society communications and actions.
- NCSRC designated mobile telephone services with voice 24-hour voice mail. This phone service should be answered during normal business hours, Monday-Friday (holidays excluded). In the event of vacation/illness, the line should be forwarded to a designee of the President. A stipend of \$20 per month will be provided for use a personal cell phone for business.

**Financial services will include the following:**

- Accounts Payable and Accounts Receivable
  - All payments, and bills are received by the Executive Secretary and forwarded to the Treasurer for processing.
  - All deposits received will be deposited to the state society bank account.
  - For all monies received by the central office, a receipt shall be provided to the person sending money with a copy sent to the Treasurer.
- The Executive Secretary must be meet requirements for Bonding Insurance as defined by insurance agency and the American Association for Respiratory Care.

**The Meeting Services will include the following:**

- Attendance at the annual meeting. Attendance of additional meetings will be at the request of the President.
- Processing of participant registration and maintenance of registrant database. Payments shall be deposited with copies forwarded to the Treasurer for financial recording.
- Assist with layout, printing and distribution of registration materials and packets, meeting brochure and registrant confirmations as needed.
- Printing of name tags for meeting attendees.
- Be available for questions regarding registration and meeting agenda.
- Preparation of Symposium Program as needed.
- Preparation and display of signs as needed.
- Available on-site for registration and communication services for meeting attendees.

**The services will not include the following:**

- 1) Approved expenses related to commercial printing, bulk copying, printing of letterhead and/or envelopes, or postage. (These costs are included in the association's budget.)

- 2) Central office travel expenses (mileage reimbursed at standard IRS rate and up to \$60/day meal allowance with itemized receipts) for annual meetings and other meetings as requested by the President. Travel authorization for overnight lodging requires a minimum one-way travel distance of 150 miles. (These costs should be included in the association's budget.)

**Ownership:** Database of membership, organizations, etc., which are maintained and/or established for the NCSRC by **(enter NAME)** become the property of the society. The Society will provide a computer for services rendered by the Executive Secretary. All documents, correspondence, etc., generated by **(enter NAME)** for the society becomes the property of said society. Download of additional programs/applications to the Society computer must be approved by the President.

**Annual Performance Evaluation:** The President and Board of Directors will conduct an annual performance evaluation at the end of the NCSRC business year.

**Termination of Contract:** This agreement between **(enter NAME)** and the NCSRC may be terminated prior to the expiration of the term by either party for any reason upon a 60-day written notice. With this written notice, **(enter NAME)** shall surrender any and all records and property of the NCSRC within the 60-day period.

**Indemnification and Insurance:** All parties to the agreement agree to indemnify and hold the others harmless from and against any and all liabilities, damages, losses, actions, or causes of action, costs and expenses, including attorney's fees, whether relating to property of the others or of any third party, or to personal injury or death, arising out of or in any way contributed to by the acts or failure to act of the parties, their agents, employees, officers, or other affiliated individuals.

Upon the request of the NCSRC, **(enter NAME)** shall furnish satisfactory evidence of comprehensive general liability insurance in an amount sufficient to cover any and all losses to NCSRC property, property of third parties, or personal injuries caused by the acts or omissions of the agency, a sufficient amount of vehicle liability insurance and employer's liability insurance in accordance with applicable law.

**Notices:** Any notice provided for or concerning this contract shall be in writing and be deemed sufficiently given when sent by registered or certified mail to each party's principal business address.

**Governing Law:** It is agreed that this contract shall be governed by and construed and enforced in accordance with the laws of the State of North Carolina.

**Attorney's Fees:** In the event of litigation by any party to the contract to enforce any part of the contract or defend any rights under it, the prevailing party, in addition to all other relief, shall be entitled to reasonable attorney's fees.

**Miscellaneous:** **(enter NAME)** shall be responsible to the NCSRC Board of Directors.

**No Waiver:** The failure of any party to the contract to exercise or enforce any right conferred upon it by the contract shall not be deemed to be a waiver of any such right or operate to bar the exercise of the right at any time.

**Entire Agreement:** This contract contains the entire understanding between the parties and supersedes any and all prior agreements, understandings and arrangements between the parties relating to the subject matter of the contract.

Any modification of this contract or additional obligations assumed by either party in connection with this contract shall be binding only if evidence in writing and signed by each party or an authorized representative of each party.

**Payment:** Payment will be made on the 1<sup>st</sup> day of each month by check. The Executive Secretary may opt for direct deposit. Expense forms to include itemized receipts shall be submitted to the Treasurer for reimbursement

**NCSRC Standing Rules**

**ATTACHMENT D**

**OFFICIAL NCSRC, INC EXPENSE VOUCHER**

DATE: \_\_\_\_\_

COMMITTEE: \_\_\_\_\_

EXPENSE PURPOSE: \_\_\_\_\_

ITEMIZATION:	_____ Mileage (_____ miles @ Standard IRS Rate)	\$ _____
*	_____ Air Fare (_____)	\$ _____
*	_____ Lodging (_____ 250/day m a x i m u m )	\$ _____
	_____ Meals (_____)	\$ _____
	_____ Misc. (_____)	\$ _____

\*Receipts Required; Others as appropriate

TOTAL \$ \_\_\_\_\_

\_\_\_\_\_ REIMBURSEMENT REQUEST (OR) \_\_\_\_\_ TRAVEL ADVANCE REQUEST

The expenses incurred in the discharge of official business of the NCSRC, Inc. from (date) \_\_\_\_\_ to (date) \_\_\_\_\_ as itemized above in the sum of

\_\_\_\_\_ dollars \$ \_\_\_\_\_

LESS: Travel advance received: (date \_\_\_\_\_) \$ \_\_\_\_\_

(SUBMIT REFUND WITH VOUCHER) BALANCE DUE REQUESTOR: \$ \_\_\_\_\_

REFUND DUE NCSRC: \$ \_\_\_\_\_

SUBMIT TO: (Name & Address) \_\_\_\_\_  
\_\_\_\_\_

Above expenses are just and true in all respects. \_\_\_\_\_  
(Signature of Requester)

**THIS SECTION FOR OFFICIAL USE ONLY**

APPROVED BY:

_____	_____
Committee Chairperson	Date
_____	_____
Treasurer	Date
_____	_____
President	Date

LINE ITEM# \_\_\_\_\_

CHECKS \_\_\_\_\_

**NOMINATION AND SELECTION PROCEDURE  
FOR LIFE AND HONORARY MEMBERS**

1. Nomination(s) must be substantiated in writing by an NCSRC active member.
2. Recommendation(s) shall be submitted as a formal resolution to the President of the NCSRC.
3. At least two letters of recommendation from active NCSRC members must accompany the formal resolution. (Two members in addition to the sponsoring member).
4. The President will present any submitted recommendations to the NCSRC Executive Committee for consideration. Annually, the NCSRC Executive Committee may select one candidate for Life Membership or one candidate for Honorary Membership for submission to the Board of Directors for approval. Selection will be made by affirmative majority vote.
5. The President will present any recommendations approved by the Executive Committee to the NCSRC Board of Directors for consideration. Selection will be made by affirmative majority vote.
6. Any nominations submitted but not selected by the Executive Committee and approved by the Board of Directors will be returned to the original sponsor for future consideration.
7. Nominations should be submitted in such a manner that the review and approval process would be completed not later than July of each calendar year.
8. Life and Honorary Membership awards will be presented at the NCSRC annual symposium.

**EDUCATION PROGRAM ENDORSEMENT POLICY**

1. Request for an Educational Program endorsement from the NCSRC should be made to using the NCSRC Educational Program Endorsement FORM (see attached request form). These forms may be obtained by calling or writing the NCSRC.
2. Applications should be submitted 45 to 60 days in advance of the meeting.
3. Upon receipt of the completed endorsement application, the Program and Education Committee will review the request and make a recommendation to the Board of Directors, or, because of time constraints, a recommendation may be made to the President of the NCSRC for tentative approval until a formal recommendation may be made to the Board of Directors. Notification of approval or disapproval of endorsement will be made, in writing, by the President of the NCSRC and the Program and/or Education Committee.
4. Programs for earning CRCE's from the AARC will be given priority.

# North Carolina Society for Respiratory Care



## EDUCATIONAL PROGRAM ENDORSEMENT REQUEST FORM

Please type or print.

### PROGRAM INFORMATION:

A. Program Title \_\_\_\_\_

B. Sponsoring Organization(s) \_\_\_\_\_

C. Program Coordinator/Chairman

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

D. Dates and Locations

<u>Date Starting</u>	<u>Date Ending</u>	<u>City</u>	<u>State</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(attach additional dates and locations)

E. Intent of the program? (Check those applicable)

Review/refresher \_\_\_\_\_ New devices/techniques and skills \_\_\_\_\_

Current issues \_\_\_\_\_ Other \_\_\_\_\_

F. Target audience (Check those applicable)

Respiratory Therapist/Technician \_\_\_\_ Physician \_\_\_\_ Educator \_\_\_\_

Supervisor/Manager \_\_\_\_ Nursing practitioner \_\_\_\_

Other Allied Health Practitioner \_\_\_\_ Other \_\_\_\_\_

G. Teaching methods (Check those applicable)

Lecture \_\_\_\_ Media \_\_\_\_ Workshop \_\_\_\_ Clinical \_\_\_\_ Laboratory \_\_\_\_

Other \_\_\_\_\_

**INSTALLATION OF OFFICERS**

**SUMMONS / ACKNOWLEDGEMENT:**

I summon before you the elected officers, directors and delegate or alternate delegate elected by the membership.

**PREPARATION:** Raise your right hand and repeat after me the Oath of Office.

**OATH OF OFFICE**

I pledge my support  
to the Society Bylaws,  
goals and Standing Rules  
promoting professional growth and recognition.

**DECLARATION:** As (President or Past President) I declare you elected representatives of the NCSRC.

**CONGRATULATIONS! YOU MAY NOW BE SEATED.**

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**INSTALLATION OF THE SOCIETY PRESIDENT**

**SUMMONS:** I summon before you your elected President.

**ACKNOWLEDGEMENT:** You have been elected by the membership of the NCSRC as their leader and representative of their profession.

**PREPARATION:** Raise your right hand and repeat after me the Oath of Office.

**OATH OF OFFICE**

As President of the NCSRC, Inc.  
I shall uphold the Society Bylaws and Standing Rules  
I shall represent the best interest of the Society  
and set goals promoting professional growth, recognition and stability.

**DECLARATION:** As (President or Past President) I declare you are the elected President of the NCSRC.

**TEMPLATE - Call for Nominations for NCSRC**

**\* Required**

**NCSRC Standing Rules Attachments H, I, and J**

**The North Carolina Society for Respiratory Care, Inc. Nomination Committee requests your support in developing the list of candidates for consideration for the upcoming election.**

**This is your opportunity!**



**NCSRC**

North Carolina Society for Respiratory Care

**1. Today's Date \***

**2. Your Name\***

**3. Your AARC # \***

**The value must be a number**

**4. Your Cellular Phone# (include area code) \***

**The value must be a number**

**5. Your email address \***

**6. Name (First & Last) of person you are nominating \***

**7. AARC # of the person you are nominating (this is optional).**

**The value must be a number**

**8. Cellular phone# for the person you are nominating (include area code) \***

**The value must be a number**

**9. Email address of the person you are nominating \***

## **10. CRITERIA for CANDIDATE NOMINATION:**

### **PRESIDENT - ELECT**

- 1. Shall have been an active member of the Society for at least the last three (3) consecutive years prior to nomination.**
- 2. Shall have served at least one term as an officer and at least one year on the Board of Directors.**

### **VICE PRESIDENT**

- 1. Shall have been an active member of the Society for at least the last two (2) consecutive years prior to nomination.**
- 2. Shall have served at least one (1) year on the Board of Directors.**

### **SECRETARY**

- 1. Shall have been an active member of the Society for at least the last two (2) consecutive years prior to nomination.**
- 2. Shall have served at least one (1) year on the Board of Directors.**

### **TREASURER**

- 1. Shall have been an active member of the Society for at least the last two (2) consecutive years prior to nomination.**
- 2. Shall have served at least one (1) year on the Board of Directors.**

### **TREASURER - ELECT**

- 1. Shall have been an active member of the Society for at least the last two (2) consecutive years prior to nomination.**
- 2. Shall have served at least one (1) year on the Board of Directors.**

### **BOD (BOARD OF DIRECTORS)**

- 1. Shall have been an active member of the Society for at least the last preceding year prior to nomination.**
- 2. Mentees who have been active with the Society and fulfilled their mentee responsibilities and requirements may be eligible.**

### **DELEGATE**

- 1. Shall have been an active member of the Society for at least the last three (3) consecutive years prior to nominations.**

**2. Shall have served at least three (3) years combined as follows:**

**At least one term as an Officer and two years on the Board of Directors or previously served as Delegate.\***

**Please select the position(s) you wish to nominate the previously noted candidate for: (You may select more than one position if the proposed candidate meets the CRITERIA for CANDIDATE NOMINATION as noted above)**

- President - Elect**
- Vice President**
- Secretary**
- Treasurer**
- Treasurer - Elect**
  
- BOD Central (Board of Directors)**
  
- BOD East (Board of Directors)**
  
- BOD West (Board of Directors)**
  
- Delegate**

**11. One form per candidate.**

**If you wish to nominate more than one candidate, please submit this form and select the hyperlink provided "Submit Another Response".**

**Otherwise, please submit this form as is.\***

**By submitting this form, you are stating that all information provided is accurate and true.**

**Template Notice of Nomination NCSRC Elections (SR Attachment K)**

Required \*

NCSRC Standing Rules Attachment K

Congratulations! Your name has been submitted as a CANDIDATE for nomination to serve on the Board of Director's within the NCSRC. The purpose of this form is to receive your official response as to whether you will accept or decline nomination to serve on the NCSRC BOD.



**NCSRC**  
North Carolina Society for Respiratory Care

**1. Today's Date \***

**2. First Name, Last Name \***

**3. AARC # \***

**4. Preferred Email \***

**5. Cellular Phone# (with area code) \***

**6. "I am an Active Member or Active Life member of the NCSRC, Inc."\***

Agree

Disagree

7.

**Agree\***

Please select the position you were nominated for and you agree to run for. If you were notified that you were nominated for more than one position, you may only accept one position for candidacy.

President Elect

Vice President

Secretary

Treasurer

Treasurer Elect

BOD (Board of Directors)

Delegate

If you elect not to run for office select here and proceed to question 8 and complete the survey.

**Decline\***

Select ALL that apply (if you were nominated for more than one position please indicate which one(s) you are declining)

- N/A
- President Elect
- Vice President
- Secretary
- Treasurer
- Treasurer Elect
- BOD (Board of Directors)
- Delegate

**By submitting this form, you are stating that all information provided is accurate and true.**

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**TEMPLATE - Nominee Biographical Sketch Form (SR Attachment L)**

\* Required

NCSRC Standing Rules Attachment L

THANK YOU for accepting the nomination to serve on the Board of Director's within the NCSRC. The purpose of this form is to obtain a brief history of your service with the NCSRC and the profession of Respiratory Care. We will share this information with our membership to help guide their decisions regarding the upcoming NCSRC elections.



**NCSRC**  
North Carolina Society for Respiratory Care

1. Today's Date \*

2. Name (First & Last) \*

3. Credentials \*

4. Cell # (with area code) \*

5. Email address \*

6. AARC # \*

The value must be a number

7. Employer\*

8. Title\*

9. Respiratory Therapy Program (College) \*

Please provide the name of the college you completed your  
Respiratory Care training at

10. NCSRC Member since? \*

### 11. NCSRC Involvement \*

Please describe your involvement (i.e. Officer, BOD, Committee Member, etc.) Included years of service Disclaimer: Please complete this form in it's entirety. Do not attach or send CV's or Resumes. Only the information in this form will be made available to the membership to help guide them in their decision making.

### 12. Additional Information

Use this section to add any additional information

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**Social Media Policy**

The North Carolina Society for Respiratory Care (NCSRC) is pleased to provide a forum for sharing healthcare related topics and interacting with other respiratory care professionals. The viewpoints, opinions and actions expressed in comments are those of the individuals themselves and may not reflect the NCSRC's policies or positions.

Our goal is to provide an online community where people with all kinds of views, theories, and concerns can express themselves, can share information, and can interact with one another.

We encourage our community to share content with us such as photos and stories. Anyone sharing this user generated content has the right to do so and has obtained permission of the photographed individuals. Please do not post photos you do not have permission to post, including photos of children without the permission of a parent or guardian.

**Be Respectful.** It is okay to disagree with others, but belittling or insulting individuals will not be tolerated. Comments will be removed that use obscenities, personal insults, ethnic slurs or other disparaging language.

**Keep Your Comments on Topic.** The NCSRC's focus for this site is about respiratory care. The NCSRC may edit or remove inappropriate or off-topic comments at any time.

**Protect Your Privacy.** Comments are visible to the general public. Protect your privacy and don't give out personal information such as email addresses, telephone numbers or street addresses. Doing so may make you susceptible to spam and unauthorized communication. The NCSRC will not verify personal information posted by others.

**Links to Other Web Sites.** The NCSRC is not responsible for the content of any linked Web site, or any link contained in a linked Web site, or any changes or updates to such Web sites. The inclusion of any link does not imply endorsement by the NCSRC of that Web site. In addition, please be aware that NCSRC is not responsible for the privacy practices of such other Web sites. The NCSRC encourages you to read the privacy statements of every Web site that requests personal information from you.

**The Bottom Line.** The NCSRC reserves the right to delete any comments at any time. Users who persist in violating these guidelines may be barred from posting to this site.

