

# American Association for Respiratory Care Policy and Procedure Manual

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# **American Association for Respiratory Care Policy Statement**

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Policy No.: BOD.001

SECTION: Board of Directors

SUBJECT: **Awards**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: November 2015

DATE REVISED: November 2015

REFERENCES: AARC Bylaws

## ***Policy Statement:***

## ***Policy Amplification:***

1. The AARC Executive Committee shall serve as the central clearinghouse and review body for newly established AARC awards and/or major revision of currently existing awards.
2. The Board of Directors shall be responsible for:
  - A. Submitting nominations for AARC Life and Honorary membership awards to Presidents Council.
  - B. Submitting nominations for certain awards for related organizations such as the American Respiratory Care Foundation (ARCF).
  - C. Submitting nominations for the Legends of Respiratory Care award.

DEFINITIONS:

ATTACHMENT D - AARC AWARD GUIDELINES

# American Association for Respiratory Care Policy Statement

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Policy No.: BOD.002

SECTION: Board of Directors

SUBJECT: **Board of Directors Liaisons to Committees, Ad Hoc Committees, Focus Groups, Panels, and Special Representatives**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: July 2016

DATE REVISED: July 2016

REFERENCES: **Position Descriptions/Profiles for the offices of: Vice President of Internal and External Affairs**

## ***Policy Statement:***

The Vice President for External Affairs will serve as liaison to the BOD for all Special representatives while the Vice President for Internal Affairs will serve as liaison to the BOD for Standing Committees and Specialty Sections. Additional Board liaisons may be assigned to AARC Committees, Ad Hoc Committees, Focus Groups, and Panels. Special Representatives, with the exception of the Finance and Executive Committees, can be reallocated at the discretion of the president according to the Bylaws.

## ***Policy Amplification:***

1. When Board liaisons are assigned by the President the responsibilities of the liaison and the group(s) to which the liaison is assigned shall be as contained within this policy.
2. It shall be the joint responsibility of the liaison and the Committee/Ad Hoc Committee/Focus Group/Panel chair or special representative to assure that regular communication is maintained.
3. Board Members appointed as liaisons shall be directed to develop and maintain clear lines of communication between the Board and Committees, Ad Hoc Committees, Focus Groups, Panels, and Special Representatives.

## **American Association for Respiratory Care Policy Statement**

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Policy No. BOD.002

- a. The objective shall be to identify an individual in addition to the President whose primary function is to serve as a resource to Committees, Ad Hoc Committees, Focus Groups, Panels, and Special Representatives.
  - b. The Vice President for Internal and External Affairs shall serve as a spokesperson during Board discussions and/or deliberations with comments solicited from Board members.
4. The Vice Presidents for Internal and External Affairs, as well as appointed liaisons, shall contact the committee chair or special representative as soon as assignments are made and explain the role of the liaison.
  - a. No Board liaisons to committees shall have the authority to issue committee charges, authorize changes in committee reporting schedules, approve committee member appointments, or represent the Board or President unless so directed by the President.
  - b. Liaisons, other than members of the executive committee, shall not represent the Committees, Ad Hoc Committees, Focus Groups, Panels, or Special Representatives without permission of the Committee/Ad Hoc Committee/Focus Group/Panel Chair or the Special Representative.
5. Each Committee/Ad Hoc Committee/Focus Group/Panel Chair or Special Representative shall keep the Vice Presidents for Internal and External Affairs informed of the progress in completing charges and seek assistance as to methods of operations and project completion which conforms to existing policies and procedures.
  - a. Committee/Ad Hoc Committee/Focus Group/Panel Chair and Special Representatives shall provide their assigned Vice President for Internal or External Affairs with copies of all correspondence and with their reports prior to submission to the Board of Directors.
  - b. The Vice Presidents for Internal and External Affairs shall review reports from assigned Committees, Ad Hoc Committees, Focus Groups, Panels, or Special Representatives to assure clarity, completeness and consistency of construct, as well as compliance with the approved format.
6. Communication between Committees, Ad Hoc Committees, Focus Groups, Panels, and Special Representatives *and* liaisons shall be critical to the discussions and deliberations of the Board.

## **American Association for Respiratory Care Policy Statement**

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Policy No.: BOD.002

- a. The Vice Presidents for Internal and External Affairs and liaisons must assure that they are fully informed of the activities of their assigned Committees, Ad Hoc Committees, Focus Group, Panels, or Special Representatives and be prepared to represent both the word and the intent of the group(s) they represent to the Board.
- b. The Vice Presidents for Internal and External Affairs should also be prepared to informally advise the President of the performance of the Committee/Ad Hoc Committee/Focus Group/Panel Chair and Special Representatives.

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: BOD.003

SECTION: Board of Directors  
SUBJECT: Use of AARC Corporate Credit Card  
EFFECTIVE DATE: December 14, 1999  
DATE REVIEWED: March 2018  
DATE REVISED: March 2018

## REFERENCES:

### ***Policy Statement:***

Only the President, President-elect, Past President and selected Executive Office personnel shall be authorized to carry Association corporate credit cards.

### ***Policy Amplification:***

1. Use of Association corporate credit cards shall require proper detailed reports.
2. The Executive Director shall determine which members of the Executive Office may use Association corporate credit cards.
  - a. All individuals issued corporate credit cards should use these cards for **ALL** business-related expenses without exception.
  - b. Credit card expenses should be reconciled within 30 days of receiving monthly credit card statements.
  - c. Monthly “reconciliation” includes (is defined as) sending receipts and accounting charge codes/departments to the accounting department at the Executive Office.
3. The Board of Directors shall travel under the official travel policy of the Association.
4. The Controller shall be responsible for monitoring the use of corporate credit cards and assuring that use is properly reported.

## DEFINITIONS:

## ATTACHMENTS:



# American Association for Respiratory Care

## Policy Statement

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Policy No.: BOD.004

SECTION: Board of Directors  
SUBJECT: Continuous Quality Improvement Plan  
EFFECTIVE DATE: December 1999  
DATE REVIEWED: December 2009  
DATE REVISED: July 2012

### REFERENCES:

#### ***Policy Statement:***

The Board of Directors shall continually evaluate its effectiveness as the governing entity of the Association.

#### ***Policy Amplification:***

1. As part of this process, the Board of Directors shall review planning, operation and service delivery to assure quality performance of the Association based upon key quality precepts.

### **Quality Performance**

The Board of Directors is responsible for the efficient use of available resources to operationalize the mission statement and attain the strategic objectives of the AARC. Quality performance occurs through the continuous improvement of key processes and activities that contribute to the advancement of the art and science of respiratory care irrespective of venue.

### **Quality Precepts**

1. Continuous improvement of every process of planning operation and service delivery.
2. Elimination of barriers which have the effect of adding costs through waste reduction and simplification.

# **American Association for Respiratory Care Policy Statement**

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Policy No.: BOD.004

3. Alignment with outside organizations as partners.
4. Management practices that focus on improvement of the systems in which members work.
5. Emphasis on continuous process improvement rather than periodic inspection
6. Continuous evaluation and improvement of working relationships with related organizations.
7. Promotion of member understanding of their jobs and individual roles in providing quality services.
8. Creation of a caring organizational environment that is characterized by trust and integrity and strives to drive out fear and frustration for optimal performance; encourages suggestions for improvement and innovation; and promotes sharing of ideas.
9. Communication about organizational goals and progress as essential for enlisting effective participation.
10. Creation of budgets and performance management each year for monitoring progress internally.
11. Improvement in statistical processes and planning, and application of quantitative methods for continued improvement.

DEFINITIONS:

ATTACHMENTS:

## **American Association for Respiratory Care Policy Statement**

Page 1 of 1  
Policy No.: BOD.005

SECTION: Board of Directors  
SUBJECT: **Oversight of Executive Director**  
EFFECTIVE DATE: December 14, 1999  
DATE REVIEWED: July 2012  
DATE REVISED: July 2012

### **REFERENCES:**

#### ***Policy Statement:***

The day-to-day functioning and business aspects of the Executive Office shall be the responsibility of the Executive Director.

#### ***Policy Amplification:***

1. These duties and responsibilities shall not be altered, except by the full Board of Directors.
2. Individual officers or directors shall neither cause nor direct a change in Executive Office operations.
3. Although the Bylaws of the Association give the Board of Directors the authority to employ and govern the activities of the Executive Director, members of the Executive Committee shall review and approve the details of the Executive Director contract.

### **DEFINITIONS:**

### **ATTACHMENTS:**

## **American Association for Respiratory Care Policy Statement**

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Policy No.: BOD.006

SECTION: Board of Directors

SUBJECT: **Executive Session of the Board of Directors**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: April 2012

DATE REVISED:

REFERENCES: AARC Bylaws; Robert's Rules of Order

### ***Policy Statement:***

All Executive Sessions of the Board of Directors shall be held in strict accordance with Association policy, and Robert's Rules of Order.

### ***Policy Amplification:***

1. Executive session shall be an important mechanism for conducting confidential business of the Board of Directors
2. All items discussed in executive session shall be held in strict confidence by all who are in attendance and may not be divulged to individuals other than the Board.
3. The Board of Directors shall review the actions of a member of the Board who is suspected of violating this policy in accordance with the due process provisions of AARC policy.
4. A member of the Board found to be in violation of this policy shall be subject to disciplinary action up to and including removal from office.
  - a. The Board shall also file a complaint with the Judicial Committee regarding such member found in violation of this policy.
5. Any executive session information that is germane to the effective functioning of the Board of Directors shall be disseminated to all board members in the most timely fashion possible (e.g. Executive, Budget, and other special committees' business and rough drafts of proposed documents).

DEFINITIONS:

ATTACHMENTS:

# **American Association for Respiratory Care Policy Statement**

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Policy No.: BOD.007

SECTION: Board of Directors

SUBJECT: **Fiduciary Responsibility**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: November 2011

DATE REVISED: July 2005

## REFERENCES:

### ***Policy Statement***

Directors and Officers of the AARC shall retain fiduciary duty to manage the Affairs of the Association so that its property will be used for the purpose for which it has been entrusted.

### ***Policy Amplification:***

1. Association Directors and Officers shall be considered “fiduciaries” and therefore have a status similar to that of trustees.
2. Directors and Officers shall act solely for the benefit of members of the Association in scrupulous good faith and candor.
3. Directors of the AARC shall not serve as voting members of the following corporations during the tenure of their directorship: the National Board for Respiratory Care, and Commission on Accreditation of Respiratory Care.
4. The fiduciary standards applicable to Directors and Officers of the AARC shall be as summarized below to provide background for determining conduct to which a Director or Officer should adhere.

#### **a. Duty of Loyalty**

The duty of loyalty for an AARC Director or Officer requires that he or she not exploit Association opportunities, or misuse inside information, or cast a vote on a matter in which a Director or Officer has an adverse interest.

#### **b. Doctrine of Corporate Opportunity**

Where a business opportunity is in line with the Association’s activities and is one in which the Association has a legitimate interest or expectancy, the opportunity belongs to the Association. A Director or Officer who diverts the opportunity and embraces it as her/his own will be considered a constructive

## **American Association for Respiratory Care Policy Statement**

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Policy No.: BOD.007

trustee for the benefit of the Association and holds all of the profits and benefits received there from for the Association.

### **c. Use of Inside Information**

A Director or Officer who acquires special knowledge or information by virtue of his/her fiduciary relationship with the AARC is not free to exploit that knowledge or information for his/her own personal benefit. Just as trustees have no right to retain for themselves the profits yielded by property placed in their possession, but must account to their beneficiaries, and AARC Director or Officer who is entrusted with or obtains potentially valuable information may not appropriate that asset for his/her own use. A Director or Officer may also be held accountable where he/she has disclosed such information to another person who then gains an advantage over members of the general public or the Association and its members.

### **d. Duty of Care**

The duty of care requires that AARC Director and Officers exercise reasonable care and good faith in carrying out their responsibilities. A Director or Officer should exercise the same care and skill which an ordinarily prudent person would exercise under similar circumstances in his or her own personal affairs, by accepting the office, Directors and Officers implicitly undertake to give their best judgment to the AARC and may be held liable for negligent or unauthorized acts.

In the event that any Director or Officer of the Association should have any direct or indirect interest in or relation with, any individual or corporation which has entered, or proposes to enter, into any transaction with the Association, such Director or Officer must notify the Board of Directors of such interest or relationship, and must thereafter refrain from discussion or voting on the particular transaction in which he or she has such interest. Such a Director or Officer must also refrain from otherwise attempting to exert influence on the Association, its Officers, Board of Directors, or employees to affect its decision to participate or not to participate in such actual or proposed transaction. The types of transactions here considered include, but are not limited to, those involving:

- 1) The sale, purchase, lease or rental of any property, supplies or other asset(s) between a Director or Officer and the Association.
- 2) Employment or the rendition of services

## **American Association for Respiratory Care Policy Statement**

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Policy No.: BOD.007

- 3) The award of any grant, contract or subcontract, or
- 4) Investment or deposit of any funds of the Association

If, and when, the particular transaction is discussed in a meeting, the minutes of that meeting must reflect that a disclosure was made by the interested Director or Officer. Furthermore, a Director or Officer must not in any direct or indirect manner compete with the association or secretly act on behalf of creditors.

Any questions not directly answered should be brought before the entire Board of Directors.

- 4. Each Board member shall complete a “Conflict of Interest” statement as directed by the president.
- 5. Smoking is prohibited during meetings of the Board of Directors and each Board member shall complete a “Tobacco-Free Policy and Pledge”.

### **DEFINITIONS:**

#### **Conflict of Interest:**

A conflict of interest is defined as any situation in which a Director or Officer has a direct or indirect outside personal interest which has the potential of being contrary to the best interest of the Association.

#### **Fiduciary Duty:**

A fiduciary duty is the highest form of legal duty owned by one person to another.

**ATTACHMENTS:**    AARC Conflict of Interest Statement (See Appendix)  
                              AARC Tobacco Free Pledge (See Appendix)

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: BOD.008

SECTION: Board of Directors  
SUBJECT: **Joint Session with House of Delegates**  
EFFECTIVE DATE: December 14, 1999  
DATE REVIEWED: April 2016  
DATE REVISED: July 2005

## REFERENCES:

### ***Policy Statement:***

Joint Session of the Board of Directors with the House of Delegates shall be planned and conducted by the President.

### ***Policy Amplification:***

1. The President, in consultation with the Speaker of the House of Delegates, shall determine those items to be addressed in joint session prior to each summer and fall meeting.
2. The Annual Budget shall be addressed in joint session at the fall meeting.
3. Other items which will facilitate functioning of the Association should also be presented in joint session. The Board of Directors may or may not vote on items presented in joint session, in accordance with direction from the President.



# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: BOD.009

SECTION: Board of Directors

SUBJECT: **Media Relations**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: April 9, 2011

DATE REVISED: July 2005

REFERENCES: GP.1168

## ***Policy Statement***

All Officers and Directors shall handle relations with the media in an appropriate and professional manner, and in accordance with policy.

## ***Policy Amplification:***

1. Any Board member submitting or co-submitting an article or letter on any topic other than a technical paper on some aspect of respiratory care clinical practice, education, management, or research shall have the article or letter reviewed and approved by the President and Executive Director prior to submission.
2. Any article submitted to a trade publication which has been written by an AARC representative either in his/her capacity as that representative or having consented to be identified as an agent of the AARC, must be reviewed by the Executive Director prior to submission.
3. All requests initiated by the trade press to interview, quote or paraphrase any officers, directors or other agents of the AARC shall be subject to the following conditions:
  - a. The Publication shall allow the AARC agent to review and approve the final written copy of the article or feature in its entirety.
  - b. In the case of interviews, the person being interviewed shall be provided beforehand with a complete, written list of questions to be posed in the interview.
4. The AARC logo is limited to national and affiliate use only, and the official logo may not be used by any member or group without the expressed consent of the Board of Directors.

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Policy No.: BOD.011

SECTION: Board of Directors

SUBJECT: **Parliamentarian**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: July 2012

DATE REVISED: July 2012

## REFERENCES:

### ***Policy Statement:***

The Parliamentarian is appointed by the President.

### ***Policy Amplification:***

1. The Parliamentarian shall
  - a. sign and submit Conflict of Interest and Tobacco Free Pledge to the President
  - b. attend regularly scheduled meetings of the Executive and Finance Committees
  - c. attend Awards Ceremony at the Annual International Respiratory Congress and Annual Business Meeting
  - d. extend appreciation to key sponsors and exhibitors at the Annual International Respiratory Congress and Annual Business Meeting
  - e. attend receptions when invited
  - f. perform other duties as directed by the President
2. Additionally, the Parliamentarian shall:
  - a. assist the President by ensuring adherence to Robert's Rules of Order during official meetings of the Association
  - b. coordinate schedules for joint sessions with the House of Delegates' Parliamentarian
  - c. assist the President and President-elect in coordination of schedules for meetings
  - d. coordinate, in cooperation with Executive Office staff, on-site support

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Policy No.: BOD.011

- e. provides logistical support for meeting
- f. assists with Presidential transitions
- g. assists with orientation of new Board Members

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

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Policy No.: BOD.012

SECTION: Board of Directors

SUBJECT: Ratification of **Presidential Appointments, Goals, Charges**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: March 2019

DATE REVISED: March 2019

## REFERENCES:

### ***Policy Statement:***

All goals, charges, and appointments made by the President shall be approved by the Board of Directors before being considered official.

### ***Policy Amplification:***

1. At the Board of Directors meeting following the Annual Meeting of the Association, the President shall submit:
  - a. Appointments of individuals to serve on Special Committees and Panels, and as representatives to other organizations, as applicable
  - b. Charges to Special Committees, Ad Hoc Committees, Specialty Sections and representatives, as applicable
2. Any other appointments made by the President during his/her term shall also be submitted to the Board of Directors for approval prior to being considered official.
3. Only the President may notify committee chairs and committee members of their appointment.

## DEFINITIONS:

## ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: BOD.013

SECTION: Board of Directors

SUBJECT: **Professional Attire**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: April 2016

DATE REVISED: July 2012

## REFERENCES:

### ***Policy Statement:***

All Officers, Directors, and guests shall adhere to appropriate attire requirements when attending business meetings and social gatherings.

### ***Policy Amplification:***

1. Unless otherwise determined by the President, the following dress is required at meetings:
  - a. Business casual dress at the Finance and Executive Committee meetings at the Summer Board of Directors meeting and the second day of the Spring Board of Directors meeting.
  - b. Business attire shall be worn at the Winter Board of Directors meeting and social gatherings sponsored by other organizations and the first day of the Spring Board of Directors meeting.

This requirement shall also apply to invited guests.

2. Attire worn to receptions and other social gatherings sponsored by other professional organizations (i.e. NBRC) shall be identified by the sponsoring group, unless otherwise defined by the President.

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Policy No.: BOD.014

SECTION: Board of Directors  
SUBJECT: **Attendance at Receptions**  
EFFECTIVE DATE: December 14, 1999  
DATE REVIEWED: November 2015  
DATE REVISED: July 2005

**DATE RETIRED: March 23, 2019**

## REFERENCES:

### ***Policy Statement:***

Officers and Directors shall attend all receptions to which they are invited and/or which the President directs them to attend.

### ***Policy Amplification:***

1. Officers and Directors shall conduct themselves in an appropriate manner when attending any, and all, receptions.
2. Dress for all AARC required receptions is business attire unless otherwise directed by the President.

## DEFINITIONS:

At the fall meeting of the Board of Directors, many receptions are held. Some of the receptions which occur annually are: Board of Medical Advisors at fall meeting, NBRC, Lambda Beta, Chartered Affiliate Presidents and International Council.

## ATTACHMENTS:

## **American Association for Respiratory Care Policy Statement**

Page 1 of 1  
Policy No.: BOD.015

SECTION: Board of Directors

SUBJECT: **AARC Stationery, Business Cards**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: November 2012

DATE REVISED:

REFERENCES: AARC Bylaws

### ***Policy Statement:***

Only authorized personnel shall use Association stationery and receive Association business cards.

### ***Policy Amplification:***

1. Officers and directors may be supplied with business cards indicating their position with the AARC, and their business title and contact information subject to approval of the President.

DEFINITIONS:

ATTACHMENTS:

## **American Association for Respiratory Care Policy Statement**

Page 1 of 1  
Policy No.: BOD.016

SECTION: Board of Directors

SUBJECT: **Board of Directors Votes on House of Delegates  
Recommendations**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: November 2012

DATE REVISED: July 2008

### REFERENCES:

#### ***Policy Statement:***

Resolutions brought by the House of Delegates to the Board of Directors shall be submitted, considered, and voted upon in an appropriate and timely manner.

#### ***Policy Amplification:***

1. All resolutions from the House of Delegates shall be presented to the Board of Directors by the Immediate Past Speaker and/or a designee identified by the Speaker of the House of Delegates and approved by the President.
2. For a HOD resolution to be acted upon by the Board during the same meeting at which it is considered by the House, it shall be submitted in written form including the House-assigned resolution number by 12:00 noon on the final day of the Board of Directors' Meeting.

### DEFINITIONS:

### ATTACHMENTS:



# American Association for Respiratory Care Policy Statement

Page 1 of 2  
Policy No.: BOD.017

SECTION: Board of Directors

SUBJECT: **Position Description/Profiles**  
OFFICE: President-elect, President

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: July 2008

DATE REVISED:

## POSITION DESCRIPTION/PROFILE

**OFFICE: President-elect, President**

### DUTIES

#### Summary of Duties

The President-Elect primarily uses his/her term in preparation for the Presidency and may at times function as President.

The President is the Chief Executive Officer of the Association and has the fiduciary responsibility for all AARC activities during his/her term. The President is responsible to the Association membership through its Board of Directors.

#### Specific Duties

1. Presides as Chair over all meetings of the Association membership, Board of Directors, Executive Committee, and Finance Committee. These duties include setting the agenda, assuring the meetings are effectively coordinated and conducted, that all officers and directors fulfill their duties, and that the decisions of the membership and its Board of Directors are carried out.
2. Appoints members of Association standing and special committees and representatives to other organizations subject to the approval of the Board of Directors.
3. Participates as an ex-officio member of all Association committees, except as otherwise provided in the Bylaws.
4. Assures that all Association committees and representatives fulfill their obligations as stated in the Bylaws and the Association's goals and objectives. This includes regular reports and communications, re-channeling Association resources as permitted, and replacing committee members and representatives in the best interest of the Association.
5. Oversees the performance of the Executive Office of the Association through direct supervision of the Executive Director. This includes regular communication with the Executive Director, problem resolution, performance evaluation, and other management responsibilities.
6. Oversees the performance of the Association Directors and Officers to assure that their duties are fulfilled, that conflicts of interest are disclosed, and that Association resources are available to support these responsibilities to the extent permitted.
7. Makes personal presentations before key groups, including the state and federal governments, other professional organizations, and any others which may assist in the Mission of the Association. This includes frequent travel on Association business, delivery of written and verbal testimony, audio-visually assisted speeches and interviews with local and national news and other media.

# **American Association for Respiratory Care Policy Statement**

Page 2 of 2  
Policy No.: BOD.017

8. Reviews the financial, membership, and other management information reports and assures that appropriate action is taken.
9. Assures that communication among the Board of Directors, House of Delegates, and Board of Medical Advisors is effective and that issues are resolved to meet the Association's Mission.
10. Represents the Association to all external organizations as deemed appropriate.
11. As President-elect, prepares the Association's budget for the upcoming term as President. This includes meetings and communication with the Executive Office staff, the Secretary-Treasurer, and other Finance Committee members; presentations to the Board of Directors and House of Delegates; and modifications as directed by the Board of Directors.

## **Minimum Requirements**

Must be an active member of the Association.

1. Must have served at least one full term as a member of the Board of Directors of the Association (Director, Executive Officer, or Immediate Past Speaker of the House of Delegates).
2. Must have demonstrated timely and effective communication skills and the resources to maintain them.
3. Will be required to be present and Chair the Board of Director meetings and the Annual Business meeting yearly. Other meetings may be needed as the officer's schedule permits.
4. Must be able to commit a minimum of 8 hours per week to Association business.
5. Must have demonstrated the ability to appropriately conduct a business meeting.
6. Must project a professional image that is reflective of the Association.
7. Must be able to analyze and respond to a wide variety of situations and/or matters.
8. Must be knowledgeable of the Association's Mission and policies.
9. Must be knowledgeable of the duties of the various committees of the Association.
10. Must have demonstrated effective leadership skills through the development, execution, monitoring and follow-up of multiple projects.
11. Must have had service on the Board of the Association within the past five years at the time of nomination.

## **Preferred Characteristics**

1. Should have a history of active participation in his/her chartered affiliate, preferably as President and/or Delegate.
2. Should have served on one or more AARC committees. Preferably should have served as chair of one or more AARC Committees.
3. Should have had prior experience on the Executive Committee of the Association.

# American Association for Respiratory Care Policy Statement

Page 1 of 2  
Policy No.: BOD.018

SECTION: Board of Directors

SUBJECT: **Position Description/Profiles**  
OFFICE: Vice President of Internal Affairs

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: November 2011 (on hold until changes to Bylaws have been made)

DATE REVISED:

## POSITION DESCRIPTION/PROFILE

Office: Vice President of Internal Affairs

### DUTIES

#### Summary of Duties

The Vice President for Internal Affairs (1) serves as the Association's liaison to internal committees and (2) performs duties as assigned by the President and Board of Directors. The Vice President of Internal Affairs is responsible to the President of the Association to carry out all assigned duties. In the event of a vacancy in the office of President-elect, the Vice President for Internal Affairs will assume the duties but not the office, of the President-elect until the next scheduled election and shall also continue to fulfill the assigned duties of the office of Vice President.

#### Specific Duties

1. Serves as a member of the Executive and Finance Committees
2. Serves as the Association's liaison to Association committees, except Finance and Executive, Specialty Sections without Board representation, and Chartered Affiliates The liaison duties include communication with the designated group's representation of the Association, as authorized by the President, at designated meetings, and may require presentations to designated groups as authorized by the President.
3. Presents reports and recommendations to the Association's Board on behalf of the designated groups and communicates actions taken by the Board of Directors, as appropriate.
4. Performs all duties and responsibilities of the Association as a voting member of the Board of Directors.

#### Minimum Requirements

1. Must be an active member of the AARC.
2. Must have served at least one full term on the Board of Directors or Executive Committee.
3. Must be able to be away from his/her place of employment a minimum of 14 days during the term of office.
4. Must have the resources to maintain timely communication with the designated groups and with the President.
5. Must be knowledgeable of the Association's mission and policies.
6. Must have demonstrated timely and effective communication skills.
7. Must have demonstrated the ability to conduct business meetings in an appropriate manner.
8. Must project a professional image that is reflective of the Association.
9. Must have served in a leadership role at the Affiliate level.

# **American Association for Respiratory Care Policy Statement**

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Policy No.: 018

## **Preferred Characteristics**

1. Should have demonstrated leadership skills through the implementation of multiple projects.
2. Should have served on one or more AARC committees. Preferably should have served as chair of one or more AARC Committees.

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: BOD. 019

SECTION: Board of Directors

SUBJECT: **Position Description/Profiles**  
OFFICE: Vice President of External Affairs

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: July 2008

DATE REVISED:

## POSITION DESCRIPTION/PROFILE

**Office: Vice President of External Affairs**

### DUTIES

#### Summary

The Vice President for External Affairs (1) serves as the Association's liaison to external agencies, associations, and organizations and (2) performs duties as assigned by the President and Board of Directors. The Vice President of External Affairs is responsible to the President of the Association to carry out all assigned duties.

#### Specific Duties

1. Serves as a member of the Executive and Finance Committees.
2. Serves as the Association's liaison to designated external agencies, associations, and organizations. The liaison duties include communication with the designated agencies; representation of the Association, as authorized by the President, at designated meetings of external groups; and may require presentations to designated groups as authorized by the President.
3. Presents reports and recommendations to the Association's Board on behalf of the designated external groups and communicates Board of Directors actions, as appropriate, to the designated external groups.
4. Performs all duties and responsibilities of the Association as a voting member of the Board of Directors.

#### Minimum Requirements

1. Must be an active member of the AARC.
2. Must have served at least one full term on the Board of Directors or Executive Committee.
3. Must be able to be away from his/her place of employment a minimum of 14 days during the term of office and have flexibility for additional travel as authorized by the President.
4. Must have the resources to maintain timely communication with the President and the designated external groups.
5. Must be knowledgeable of the Association's mission and policies.
6. Must have demonstrated timely and effective communication skills.
7. Must project a professional image that is reflective of the Association.
8. Must have served in a leadership role at the Affiliate level.

#### Preferred Characteristics

1. Should have demonstrated leadership skills through the implementation of multiple projects.
2. Should have served one or more AARC committees. Preferably should have served as chair of one or more AARC Committees.

# American Association for Respiratory Care Policy Statement

Page 1 of 2  
Policy No.: BOD. 020

SECTION: Board of Directors

SUBJECT: **Position Description/Profiles**  
OFFICE: Secretary-Treasurer

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: July 2008

DATE REVISED:

## POSITION DESCRIPTION/PROFILE

OFFICE: Secretary-Treasurer

### DUTIES

#### Summary of Duties

The Secretary-Treasurer is responsible for overseeing the documentation of the proceeding of all regularly scheduled and special meetings of the Association. The Secretary-Treasurer assures that all corporate documents are in order and filed as appropriate. The Secretary-Treasurer is responsible for overseeing the general fiscal operations, control and reporting of the Association, its Board of Directors and Executive Office. The Secretary-Treasurer is responsible to the President of the Association to carry out these and other duties as assigned.

#### Specific Duties

1. Oversees the proper recording, transcription, and distribution of the formal minutes of the Board of Directors meetings and the Association's annual business meeting.
2. Signs corporate documents as required by statute.
3. Assures the submission of timely written and verbal budget performance reports to the Board of Directors, House of Delegates, and general membership.
4. Responds to inquiries from the Board of Directors, House of Delegates, Committee Chairs, and general membership regarding the fiscal operation and affairs of the Association.
5. Participates in annual budget planning and development with respect to the Association's strategic plan.
6. Assists the AARC Finance Committee and external auditors in conducting formal annual audits.
7. Serves as a member of the Finance and Executive Committees.
8. Executes other responsibilities as assigned by the President and the Board of Directors.
9. May serve as an officer of AARC subsidiary corporations.
10. Must have resources to maintain timely communication.
11. Must be knowledgeable of the Mission and policies of the Association.

#### Minimum Requirements

1. Must be an active member of the AARC.
2. Must, by experience, training, or education, possess an understanding of the routine roles and function of an executive secretary and/or assistant, possess a strong understanding of basic accounting principles, budget development and control, and corporate reporting-keeping systems. These skills may be attained by the completion of at least one term as an AARC, ~ Officer, Director or House Officer, or demonstrated comparable experience in professional, business, or voluntary endeavors.
3. Must have an understanding of the legal requirements regarding corporate documents and record keeping.
4. Must have knowledge of parliamentary procedure, as defined by Roberts Rules of Order, and its appropriate incorporation into Association documentation.

# **American Association for Respiratory Care Policy Statement**

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Policy No.: BOD.020

5. Must have the ability to speak before large and small groups and clearly articulate often complicated accounting procedures and fiscal theory.
6. Must have access to an area of privacy where confidentiality can be maintained and protected with regard to written records, documents, telephone conversations, etc.
7. Must, within a reasonable period of time, be accessible by telephone, fax, or other means of communication should immediate response be necessitated by Association business.
8. Must be able to represent the office and the Association in a professional manner of appearance and demeanor.
9. Must have an employer supportive of obligations and time commitment inherent to the office:
  - a. a minimum of 15 calendar days absence for Association meetings and budget preparation
  - b. Frequent telephone and written contact with the Executive Office and Executive Committee.
  - c. Periodic contact with committee chairs and the general membership, via mail and telephone.
  - d. Other time away from work as necessitated by association business, projects, or activities.
10. Must be "bondable" in an amount determined by the Board of Directors.

## **Preferred Characteristics**

1. Should have a strong history of active participation in his/her Chartered Affiliate, preferably as affiliate/district/chapter Secretary and/or with budget or financial experience.
2. Should have served on one or more AARC Committees, preferably as chair.

# American Association for Respiratory Care Policy Statement

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Policy No.: BOD.021

SECTION: Board of Directors

SUBJECT: **Position Description/Profiles**  
OFFICE: Director

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: July 2008

DATE REVISED: July 2008

## POSITION DESCRIPTION/PROFILE

**OFFICE: Director**

### DUTIES

#### Summary of Duties

The Director is a member of the governing body of the Association which is ultimately responsible for all business and other activities of the AARC. The Director represents the membership in the best interests of the Association. The individual Director is responsible to the membership through the President. The Director may be elected to either a "Director-at-Large" position by the active membership of the Association or a "Section Director" position by the membership of each Specialty Section of at least 1000 active members of the Association. The specific duties of the Director are similar for either position.

#### Specific Duties

1. Participates in all regular and special meetings of the Board of Directors. This includes review of all materials prior to meeting, requesting additional information necessary to make informed decisions responding to issues during the meeting as appropriate, and disclosing any potential conflict of interest pertaining to the Director's fiduciary responsibility.
2. Between Board meetings, reviews all correspondence, financial statements and other reports presented. Takes actions required to fulfill the obligations as a member of the governing Board of the Association.
3. Participates in the development and approval of the budget of the Association.
4. Determines, interprets, and enforces policies, procedures, standing rules, and regulations of the Association.
5. Through the President, assures the efficient operation of the Executive Office and staff.
6. Participates in the short, and long, range planning with respect to the strategic plan and Mission of the Association.
7. Monitors and approves, as appropriate, budget performance and modifications to the allocation and distribution of resources of the Association.
8. May act as a liaison to standing or special committees as assigned by the AARC President.
9. Represents the Association as authorized by the AARC President.
10. Performs other such duties as necessary and appropriate for the management of the Association.

#### Minimum Requirements

1. Must be an active member of the Association.
2. for Director-at-Large,
  - a. served at least three years in a leadership role in a chartered affiliate or at the National level, or;
  - b. served at least two years as an Officer or Delegate or Alternate Delegate of a chartered affiliate, or;
  - c. served as a member of the Board of Directors or Officer of the AARC, or;
  - d. served as a section chair.



# **American Association for Respiratory Care Policy Statement**

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Policy No.: BOD.021

3. Must have an employer that is supportive of the obligations and time commitments inherent to the office:
  - a. A minimum of 14 calendar days absence for Association meetings.
  - b. Frequent telephone and written communication with Association leadership, and/or general/specialty section membership.
  - c. Other time away from work as necessitated by Association business, activities or Projects.
4. Must have resources to maintain timely communication.
5. Must be knowledgeable of the Mission and policies of the Association.
6. Must project a professional image that is reflective of the Association.

## **Preferred Characteristics**

1. Should have served on one or more AARC Committees, preferably as Chair.
2. Should have a history of active participation at the Chartered Affiliate and/or Specialty Section level.
3. Should have demonstrated leadership skills through the development, execution, monitoring, and follow-up of multiple projects.
4. Should have demonstrated the ability to assess and respond appropriately to a wide variety of business information and situations.

# American Association for Respiratory Care Policy Statement

Page 1 of 2  
Policy No.: BOD.022

SECTION: Board of Directors

SUBJECT: **Section Director Term of Office**

EFFECTIVE DATE: February 12, 2002

DATE REVIEWED: April 24, 2010

DATE REVISED:

REFERENCES: AARC Bylaws

## ***Policy Statement:***

The terms of office for the Section Director will be in accordance with the Association's Bylaws.

## ***Policy Amplification:***

1. The executive government of the Association shall be vested in a board of at least seventeen (17) active members consisting of five (5) officers, at least six (6) directors at large, and a section chair serving as director from each specialty section of at least 1000 active members of the Association. So long as the number of section chairs serving as directors is at least six (6), the number of at-large directors shall be equal to the number of section chairs serving as directors. If the number of section chairs serving as directors is less than six (6), the number of at-large directors shall be increased to assure a minimum of seventeen (17) members of the board of Directors. The immediate past speaker of the House of Delegates, the Chair of the President's Council, and the Chair of the Board of Medical Advisors shall serve as non-voting members. Directors shall be elected in accordance with the provisions of Article XII, Section 2 (b).
2. If the active membership of a section exceeds 1,000 active members on December 31<sup>st</sup> of a year in which the section does not have a serving section director, the Chair of the Section will be sworn in as a Section Director at the next Annual Business Meeting of the Association. The term of the Section Director shall be for the remaining term of the Section Chair.
3. If the active membership of a specialty section is no longer at least 1,000 members as of December 31<sup>st</sup> of the year preceding completion of the term of the Section Director, the incoming Chair of that Section will not serve as a Section Director

## **American Association for Respiratory Care Policy Statement**

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Policy No.: BOD.022

4. In any situation in which reductions in the number of Section Directors will result in the number of At Large Directors exceeding the number of Section Directors, and at least twelve (12) Directors will be serving, the number of At Large Directors nominated by the Elections Committee and elected by the membership in the next Association election shall be reduced so the numbers of At Large and Section Directors on the Board of Directors following the Installation of those Directors shall be equal.
5. If at any time the number of Section Directors will decrease below six (6) the number of At Large Directors nominated by the Elections Committee and elected by the membership in the next Association election shall increase so there shall be twelve (12) Directors serving following installation of those persons.

DEFINITIONS:

ATTACHMENTS:

# **American Association for Respiratory Care Policy Statement**

Page 1 of 2  
Policy No.: BOD.023

SECTION: Board of Directors  
SUBJECT: **Board of Directors Community**  
EFFECTIVE DATE: February 1, 2004  
DATE REVIEWED: June 2016  
DATE REVISED: June 2016  
REFERENCES: AARC Bylaws

## ***Policy Statement:***

1. The BOD and Executive Committee will conduct business on a Community which is maintained by the Executive Office.
2. E-voting by the Board of Directors shall be conducted using specific guidelines (see following page) and established parliamentary procedure.

## ***Policy Amplification:***

1. The Secretary/Treasurer is responsible for posting these guidelines at the start of each new term of directors and officers.
2. Messages posted on the Community should not be forwarded to non-Board members.
3. All voting completed on the Community must be ratified at the following BOD meeting.
4. The Secretary/Treasurer is responsible for managing the e-voting procedure.

## **DEFINITIONS:**

ATTACHMENTS: See “Guidelines for the Board of Directors E-Voting” on following page.

# **American Association for Respiratory Care Policy Statement**

Page 2 of 2  
Policy No.: BOD.023

## **Guidelines for the Board of Directors E-Voting**

1. Motions are posted from the President or Parliamentarian or other designee. Board members wanting to introduce a motion must first contact the President (off the Community) to have the motion recognized.
2. The President will then contact one Board member (off the Community) to get a second.
3. Once the motion is recognized by the President and seconded by a member (off the Community) it will be introduced to the Community in a message from the Secretary/Treasurer or Parliamentarian.
4. The motion posted will include the originator of the motion, the individual who seconded the motion, the deadline for discussion and the deadline date for voting. The deadline times will be 12 noon EST.
5. Following the set discussion period, the Secretary/Treasurer will post a message indicating the start of the voting period.
6. The discussion period should be 3-5 business days. The voting period should be 3-5 business days.
7. Only one motion should be active on the Community at any time.
8. The Secretary/Treasurer will report the results via the Community. A copy will be sent to the Executive Office and ratified at the next BOD meeting.
9. The originator of the motion will be notified of BOD action by the Secretary-Treasurer via e-mail, and with official notification occurring by mail post BOD ratification at its next meeting.
10. If a motion requires a faster turn-around the President can authorize a shorter time period. This should be considered an exception and used only for urgent issues. The subject line will indicate that a motion is urgent.

**DEFINITIONS:**

**ATTACHMENTS:**

# American Association for Respiratory Care Policy Statement

Page 1 of 2  
Policy No.: BOD.024

SECTION: Board of Directors  
SUBJECT: **AARC Disaster Relief Fund**

EFFECTIVE DATE:

DATE REVIEWED: June 2019

DATE REVISED: July 2019

## REFERENCES:

**Policy Statement:** The AARC President may activate the Disaster Relief Fund to become available for AARC members upon the declaration of a federal or state-declared major disaster.

## **Policy Amplification:**

1. The AARC Executive Office will communicate to the AARC President and request activation of the fund.
2. After the President's notice of activation, the Executive Office will post a story on the AARC website and current member communication sources that provides a link to the online application and additional information on the AARC website.
3. The Application review process will be conducted as follows:
  - a. Active, Life, Honorary and paid student members in good standing (members with continuous membership at least 2 months immediately preceding the event) with the AARC prior to the onset of the disaster are eligible for the grant. Notable lapses in membership due to non-payment are subject to disqualification from this financial assistance.
  - b. The effected dwelling must be the primary residence of the member.
  - c. The member must complete an online application for assistance and submit it to the Executive Office. The member must also provide proof of monetary damage/loss at the time the application is submitted.
  - d. Applications will only be accepted up to six months following the date the disaster was initially declared.
  - e. Upon receipt, the AARC Executive Office will verify that all required criteria are being met and notify the member of its status..

## **American Association for Respiratory Care Policy Statement**

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Policy No.: BOD.024

4. Determination of level of grant support will be based upon the following criteria of continuous AARC membership. \*Paid student members are eligible for grants up to \$250 as long as they are currently enrolled in a program.

<b>Years of Service</b>	<b>Paid Member/Life Member</b>	<b>Student Member</b>
6 months – 1 Year	\$50	\$25
1 Year – 2 Year	\$100	\$50
2 Years – 3 Years	\$200	\$100
3 Years – 4 Years	\$300	\$150
4 Years – 5 Years	\$400	\$200
5 Years or more	\$500	\$250

5. Recipients will also receive an additional year of membership at no cost.

# American Association for Respiratory Care

## Policy Statement

Page 1 of 4  
Policy No.: BOD.025

SECTION: Board of Directors

SUBJECT: **MEETINGS & CONVENTIONS**

EFFECTIVE DATE: September 2005

DATE REVIEWED: July 2013

DATE REVISED: July 2013

REFERENCES: CM.000, CM.003 - 1997

### **EXHIBITORS**

1. The AARC reserves the right to reject exhibit applications for any reason.
2. Prizes, awards, drawings, raffles, lotteries, or contests conducted by exhibitors are expressly prohibited to take place in or around the exhibit hall, meeting room space and any public area of the convention center.
3. Exhibitors are only permitted to sell equipment, product or merchandise specific to their industry profile in or around the exhibit hall. Trinkets, souvenirs, T-shirts, gadgets etc. are not permitted for resale.
4. Priority Points will determine booth location. AARC reserves the right to alter booth location based on Association needs.
5. Exhibitors will be provided with 6 complimentary registrations for company employees for every 100 sq. ft. of exhibit space that they purchase. Registered exhibitors who are also respiratory therapists are eligible to earn CRCE at no cost as part of their booth registration.
6. Hospitality Suites/Meeting Rooms: Authorization and assignment of suites and meeting room space shall be handled on a first come, first served basis on the following criteria:
  - A. Availability of space
  - B. Area is not being used to host/entertain conference attendees during normally scheduled convention events (including AARC social functions). This includes, but is not limited to the Welcome party, Sputum Bowl Finals etc.
  - C. Only companies with confirmed booth space in the exhibit hall are eligible for hospitality suites, meeting rooms etc.
  - D. Exhibitors must not allow attendees in hospitality areas who are under the legal drinking age if alcohol is served.



# American Association for Respiratory Care

## Policy Statement

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Policy No.: BOD.025

- E. The AARC reserves the right to refuse hospitality space to any exhibitor for any reason.
- F. Those in violation of these stipulations are subject to immediate loss of booth space in current and/or future years.

### **ATTENDANCE & REGISTRATION**

- 7. All persons attending AARC Congress must register and pay applicable registrations fees.
- 8. There will be a separate and more expensive registration tier for non-AARC members
- 9. Only members who have paid their current annual dues or whose applications are in progress will be admitted at the member rate. All others will pay the non-member rate.
- 10. Refunds will not be given to any individuals for fees paid by employer check. Refunds will be made directly to the employer, provided a request for a refund is made prior to the meeting within established guidelines.
- 11. All cancellations are subject to applicable cancellation fees. The AARC reserves the right to waive these cancellation fees in lieu of extenuating circumstances.
- 12. AARC reserves the right to provide complimentary registration to appropriate VIPs, dignitaries or others whose complimentary registration would otherwise be of benefit to the business practices of the Association.
- 13. Smoking is prohibited in all indoor/outdoor-sanctioned events of the AARC Congress.
- 14. Admission to social functions at AARC Congress is complimentary to all registered attendees.
- 15. Members of the President's Council and their spouses may register for AARC Congress at no cost.
- 16. Spousal registration is permitted for AARC Congress. Registration includes access to all AARC sanctioned events, but is not eligible for CRCE.

# **American Association for Respiratory Care Policy Statement**

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Policy No.: BOD.025

## **EMPLOYEES, APPOINTED & ELECTED OFFICIALS**

17. BOMA members will be granted free registration to AARC Congress.
18. AARC will provide complimentary, full meeting registration for members of the Board of Directors and officers of the House of Delegates.
19. AARC employees and/or political representatives are prohibited from smoking on any property affiliated with AARC Congress (i.e. convention center, HQ hotel).

## **SPUTUM BOWL**

20. Individuals may compete in the Sputum Bowl competition and attend all Sputum Bowl functions without having to pay Congress registration; however they are not permitted to attend any other AARC sanctioned event, nor are they eligible to earn CRCE.

## **CHARTERED AFFILIATES**

21. Chartered affiliates exhibits at the annual meeting:
  - A. Upon written request, each AARC chartered affiliate may be granted, free of charge, one (1) 10x10 booth space in the exhibit hall at the annual meeting... space pending.
  - B. Affiliates requiring additional space may do so by applying and paying the commercial exhibit fees.
  - C. Location of the chartered affiliate booth to be determined by AARC. Chartered Affiliates serving as host state to the meeting will be permitted to secure a booth location outside of the Exhibit Hall (location at the discretion of the AARC... space pending).
  - D. Personnel manning the chartered affiliate booth must register for AARC Congress and pay all applicable registration fees.

# American Association for Respiratory Care

## Policy Statement

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Policy No.: BOD.025

### **SPEAKERS & HONORARIUM**

#### 22. Speaker honorarium and reimbursable travel expenses:

*The American Association for Respiratory Care has an obligation to its membership to produce a superior program for AARC Congress and one that is inclusive of high-quality presenters. In addition, it is also incumbent of the Association to be fiscally responsible with financial resources. As such, the following parameters should be used when determining honorarium and reimbursed travel expenses for AARC Congress presenters:*

- a. The Association will commit appropriate financial resources necessary to secure presenters as requested by the Program Committee (commensurate with established budget).
- b. If the presenter is available, able and willing to present at AARC Congress with no required honorarium or reimbursed travel expense, the Association should pursue such an arrangement.
- c. For presenters requiring airfare, the AARC is authorized to extend national/international round-trip, coach airfare when purchased no less than 3 weeks prior to the meeting.
- d. For presenters requiring mileage/railway reimbursement, the AARC is authorized to extend mileage/lump sum reimbursement at the prevailing federal rate, up to, but not exceeding the amount of the lowest available round-trip, coach airfare ticket.
- e. For presenters requiring lodging, the AARC is authorized to extend reimbursement up to, but not to exceed lodging costs of the highest priced authorized convention hotel.
- f. Should negotiated reimbursement include per diem, per diem compensation shall be determined based on AARC policy.
- g. All presenters will receive (at minimum) complimentary one-day registration for the day in which they are scheduled to present, up to and including full 4-day meeting registration.
- h. Bundled "lump sum" compensation for honorarium, travel and lodging may be offered in lieu of reimbursement for itemized expensed.
- i. Honoraria and expenses will not be paid to AARC officials presenting programs dealing with their area of involvement
- j. Honoraria shall not be paid to AARC employees.

# **American Association for Respiratory Care Policy Statement**

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Policy No.: BOD.026

SECTION: Board of Directors  
SUBJECT: **Open Communication Policy**

EFFECTIVE DATE:

DATE REVIEWED: March 2019

DATE REVISED: July 2005

REFERENCES: GP.1174 - 1997

## ***Policy Statement:***

The general membership will be informed as is reasonably possible regarding both the actions and plans of its chosen leaders.

## ***Policy Amplification:***

1. All actions taken by any Board, committee or any other official group of the AARC are considered public information insofar as our membership is concerned with the exception of:
  - a. Actions taken by in officially declared “Executive Session”
  - b. Sensitive areas which may tend to unnecessarily embarrass innocent persons.
  - c. Sensitive areas that may lead to legal redress as directed by legal consul.
  - d. Information whose public exposure would tend to cause financial or other hardship to the Association.
  - e. Information clearly marked as “confidential” by the author
2. The Officers and employees of the Association are charged with making such public information available to the general membership upon request at the earliest possible time and in every reasonable manner.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Policy No.: BOD.027

Page 1 of 4

SECTION: Board of Directors

SUBJECT: Policy for Surveys Conducted by the Association

EFFECTIVE DATE: March 2001

DATE REVIEWED: October 2016

DATE REVISED: October 2016

REFERENCES: CT.0688b Revised

## ***Policy Statement:***

All surveys of the AARC membership must be reviewed by the Executive Office and approved by the Executive Board before permission will be granted for conducting them.

## ***Policy Amplification:***

***Definition of Surveys:*** For the purposes of this policy a survey is a document requesting information that may be used to comprehensively consider an area of subject matter for the purposes of gathering data where the analysis could be considered for academic pursuit, publishing.

***Definition of Community Questionnaires:*** Any question or questions posed that would be considered for one's own personal/professional use as information gathering for projects in their area of interest, practice, or job. Information gathered in this way would not be used for publication outside of one's institution.

1. Questionnaires/Information requests occurring within AARC Section mail lists (AARConnect) do not require Executive review provided that they adhere to the rules governing them. See attachment A below

## ***Survey Request Procedure***

1. The requestor must be an AARC Member for > 1 year and in good standing.
2. The requester must submit a copy of the survey plus communication stating the intent of the survey to the AARC Executive Office, no less than 30 days prior to the requested distribution date. Incomplete applications will be rejected. Please include the following information within the request:
  - a. A copy of the proposed survey, preferably a link to the actual survey.
  - b. The membership group you wish to survey.
  - c. The survey introduction.
  - d. A description of how you intend to assure confidentiality of information supplied by members.

# **American Association for Respiratory Care Policy Statement**

Policy No.: BOD.027  
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- e. A description of how you intend to disseminate the findings to members who participated.
- f. Definitions for abbreviations used in the survey.
- g. A disclosure of possible conflict of interest.
- h. Whether you have Institutional Review Board approval (if applicable)

Note: Surveys will be circulated only on groups that currently exist on AARConnect. These include all AARC Specialty Sections, Roundtables, and, if a cross section of respiratory therapists is needed, the Help Line. Special requests for segmentation of AARC members cannot be accommodated.

3. The Executive Director or designee will evaluate the survey based upon the following criteria:

- a. Overall appearance.
- b. Have similar surveys have been done within the last 24 months? If so, proponent of that survey will be shared with the requestor.
- c. Clarity of questions and appropriateness of format.
- d. No redundancy of questions.
- e. No blatant disregard for the wellbeing of our members or association.
- f. Have the appropriate questions been developed to draw reasonable conclusions.
- g. Has a survey been sent to the same population of AARC members during the last six months? Duplicate surveys will be rejected.
- h. Does the survey provide information about our members or organization that could be used by our competitors or negatively affects our members or business?

4. After Executive Office review and approval a designee will notify the Secretary/Treasurer of the AARC BOD and seek Executive Board approval. The requester will be informed of the decision. If revisions are needed, the requester shall resubmit. Unsatisfactory revisions will be rejected. Once approved, the survey will be labeled with the following "This survey has been approved by the AARC for distribution. Please contact the survey proponent, as indicated in the message below, with questions and comments."

5. Approved Surveys will be distributed using web-based survey systems (ex: Survey Monkey) that direct participants away from AARConnect. AARConnect will not be utilized to respond to surveys, unless it is questionnaire.

6. A brief summary of survey results will be made available within one year to AARC members within the AARConnect library. Summary pdf files (output) provided by the survey tool are acceptable. Most summaries provide the response rate and percentages of responses for each question. If you plan on publishing, please check with the journal to ensure this is not considered a publication. If the journal considers this a publication, the surveyor can wait until publication to provide a citation.

7. The Executive Office can seek assistance from the Executive Committee of the Board of

Directors at any time by the following method:

## **American Association for Respiratory Care Policy Statement**

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- a. Request for Executive Committee support will be sent to the Secretary/Treasurer for distribution, discussion and vote.
- b. The Executive Committee has the right to make exception to the survey policy on behalf of the Board of Directors.

### **Attachment A**

#### **AARC Participant Community (AARConnect) Rules**

##### ***General***

1. Message content must be clinically or operationally relevant to the intent of the AARConnect group.
2. The following are not permitted to be posted. Members posting or contributing to these postings will be notified of their violation, censored, and then removed if their inappropriate behavior continues. Continued violations will be reported to the judicial committee for additional action.
  - a. Advertisements or motions for products, services, job
  - b. Meetings and events not sponsored by AARC or affiliate
  - c. Poems, jokes and other forms of personal expression, chain mail, virus warnings, etc.
  - d. Copyrighted material from a source other than the AARC
  - e. Inquiries and promotions related to products/services by consultants, manufacturers, marketing firms and other similar entities outside of the AARC.
  - f. Discussions relating to pricing or cost of goods as this may be considered price fixing and is a federal offense.
3. The AARC reserves the right to remove anyone for any reason from the AARC electronic mailing list. This includes the archival entries on the Community that pertain to a subject considered inappropriate or in violation of the Community guidelines.

##### ***The Exchange of Information:***

1. AARC members may use the Community to exchange information between other Community Subscribers.
2. When you post a question, or series of questions, be sure that you title it with a good, concise, explanatory title in the subject line to clearly differentiate the message from others being posted or responded to.
3. Regarding information requests posted by Community clients, the Section Chair or Executive Office determine if the Community posting represents a survey that requires approval. The following guidelines can be utilized to differentiate Community information requests from query requests.
  - a. Surveys often include the capturing of user specific information and hospital/department demographics for comparison reporting.

- b. The creator of a survey will embed a separate link to ask specific questions so

## **American Association for Respiratory Care Policy Statement**

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participants do not have the option to view other responses. If the creator of this type of inquiry tool has not expressly indicated results will be shared and accessible to all Community participants, the Section Chair will refer the individual to the Executive Office as per Policy BOD 027.

- 4. The sender of the information request may instruct section participants to reply to the Community, click on a link or reply directly to their personal email.
  - a. In the event responses are sent directly to the personal email or automated survey service (e.g. SurveyMonkey) of the individual who posted the information request, a summary of those responses should be posted so all Community participants may share the information. These summaries can be placed in the AARConnect library for future reference.
  - b. If your reply is simply a request to receive a copy of what someone has offered to share, or simply to agree with someone (such as: “Me too”), please do not reply to the entire group. Instead, send your response directly to the person who posted the message.



# American Association for Respiratory Care Policy Statement

Policy No.: BOD.028  
Page 1 of 6

SECTION: Board of Directors  
SUBJECT: Conflict of Interest  
EFFECTIVE DATE: November 2015  
DATE REVIEWED: November 2015  
DATE REVISED:

## ***Purpose***

To avoid conflicts of interest or even the appearance of a conflict of interest.

## ***Issue***

Because the AARC is composed of leaders in the field of Respiratory Care, their business and professional relationships may put them into situations where a conflict of interest or even its appearance, may arise. This document is designed to provide guidance in (a) identifying conflicts of interest; (b) analyzing conflicts of interest; (c) resolving conflicts of interest; and d) providing guidance to AARC employees, directors or agents of the Association when speaking or authoring articles for competing meetings is a conflict of interest.

## **Statement of the Challenges**

(1) The AARC Must Remain Neutral: The respiratory care industry is serviced by a plethora of manufacturers, pharmaceutical companies and other for-profit organizations. The industry serving our profession involves the use of medical products, drugs, education, and services for which said companies frequently seek employees, directors or agents of the AARC to act as advocates for their products.

If an individual acts as a spokesperson for, or an advocate for a particular product, device, service or procedure, it is important that they understand that their participation as a recognized employee, director or agent of the AARC can be a powerful marketing tool for companies and infer AARC endorsement.

Acting in accordance with, and in the context of their regular employment, and/or, as an independent contractor, working in conjunction with those in industry may not create a conflict of interest for the AARC. The AARC does not take a position with regard to whether this is appropriate within the scientific community. However, when the same individual is identified as an officer, elected official, chair, employee, or agent of the AARC, it effectively creates an inference AARC sponsorship for, or implies tacit endorsement of that particular product, activity, or company. This is of concern to the AARC because the Association must take a neutral approach with ALL industry partners and does not take a position of advocating for one product, service or drug over another. To do so would be contrary to our mission.

# American Association for Respiratory Care Policy Statement

Policy No.: BOD.028

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## (2) Attendees at Educational Events Must Be Able to Critically Evaluate Information Presented:

When individuals are compensated (or where their travel and lodging are paid for) directly by a manufacturer, in order to present clinical or scientific information, this may also create the appearance of a conflict of interest, if it is not disclosed. Someone may rightly wonder if a person who is being paid \$1,000 to speak to a group about a particular piece of equipment is doing so out of a committed belief in a particular product or service, or out of lucre. This would be unacceptable.

Therefore, ethical principles suggest full disclosure of your relationship with industry, whether at AARC sponsored events or not. Please keep in mind that full disclosure of all industry relationships is best practice. It is not the responsibility of the presenter/author to determine what constitutes a real or perceived conflict of interest. That responsibility lies with the meeting attendee.

### **I. Identifying Conflicts of Interest**

Conflicts of interest may arise in a variety of ways, but the following are two situations that good easily occur: (a) where because of an affiliation with the AARC or a state society, an individual is recruited to act as a spokesperson or presenter on a specific manufacturer's products or services, and the manufacturer intends to mention the AARC affiliation in its marketing; and (b) where an individual is asked to present information that is arguably favorable to a particular manufacturer's product or service and an underlying financial arrangement, either direct (the payment of cash honoraria) or indirect (the reimbursement of expenses or investment in the company) is not disclosed to those in attendance.

### **II. Analyzing Conflicts of Interest**

The following policy guidance is provided to help individuals analyze conflicts of interest.

#### **General AARC Policy Regarding Disclosure of AARC Affiliations in Advertising**

##### **Underlying Principle**

AARC Neutrality Must Be Maintained.

##### **Policy**

As a general rule any director or officer of the AARC who is taking the position of, or suggests through photos, images or selective sharing of data that a particular product or service is beneficial may do so without using their AARC position in any advertising. Thus, an attribution like: "As recommended by Bob Smith, St. Lukes Hospital Department Manager<sup>1</sup>" does not create a problem. However, "Recommended by Bob Smith, AARC BOD member" does create a conflict of interest. Any AARC employee, director or agent who is asked to endorse a product or

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<sup>1</sup> Individual hospitals may have specific limitations on employees endorsing medical products. This policy does not address that issue.

# **American Association for Respiratory Care Policy Statement**

Policy No.: BOD.028

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service must do so only under circumstances where they are speaking in their own right and may not mention or trade upon their AARC affiliation.

If a manufacturer refuses to remove references to a person's AARC affiliation from their marketing material, the only recourse to resolve the conflict may be to resign or discontinue their affiliation with the manufacturer.

## **General AARC Policy Regarding Disclosure of Corporate Interests**

### **Underlying principle**

A financial interest in a product or service is not a per se disqualification from speaking on that subject, but arrangements between speakers and manufacturers must be disclosed to permit attendees to evaluate the potential for bias in the presentation.

### **Policy**

Any individual who is presenting at any AARC sponsored event, or any event for which CRCE credit is sought from the AARC must disclose verbally (or in writing) of any compensation, in cash or in kind, whether direct or indirect that was provided by a manufacturer, sales organization, or any other person or entity that may directly benefit from the presentation. This is common practice throughout the medical community. AARC recommends that you ask about sponsorship or peripheral requirements when first approached to present.

While specific amounts need not be disclosed a statement to the effect that "Mr. Smith's presentation today is underwritten by XYZ Medical" is sufficient to place attendees on notice that the speaker has an indirect financial interest in the presentation.

An individual who owns stock in any company that he or she may mention during the course of a presentation should similarly disclose this information on disclosure forms: "Mr. Jones owns stock of various medical product makers but has no direct financial interest in any product being discussed," is sufficient to put the attendees on notice that the speaker has an indirect financial interest in the presentation, where the presentation makes any mention of a product or service provided by that company. Similarly, "ABC Corporation Has Sponsored This Lecture" is sufficient to put attendees on notice that ABC may have a corporate interest in the material being provided.

Where an individual is presenting the results of research that involve a product or service, but where the speaker has no direct or indirect financial interest in the product or service, this does not require disclosure. There is no actual conflict of interest.

### **Best Practice**

If a presenter believes that anyone might reasonably question their independence, or their biases as a result of an arrangement they have with a manufacturer, sales organization, or other entity, they should err on the side of disclosure.

# **American Association for Respiratory Care Policy Statement**

Policy No.: BOD.028

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## **Examples**

### **A) No compensation = no disclosure**

Mrs. Jones presents results from a study of a particular brand of suction device. Her research indicates that it is effective and has resulted in lower rates of infection. She neither owns stock in, nor is being compensated in any way for her presentation by the manufacturer of the device. No disclosure is required.

### **B) Contingent and Indirect Compensation = disclosure**

Mr. Jones presents results from a study of a particular brand of suction device. His research indicates that it is effective and has resulted in lower rates of infection. He is not being compensated directly for his presentation. However, he has been told that if “enough people switch to the product this year, you’ll receive an opportunity to get shares when the company goes public.” Here disclosure is required because Mr. Jones has a contingent, indirect deferred compensation arrangement with the manufacturer, which must be disclosed.

### **C) Incidental Mention = no disclosure**

Ms. Smith desires to present on the topic of the use of music in ventilator weaning. Ms. Smith owns stock in Best Buy Corporation (NYSE: BBY). During questions following her presentation she mentions that she purchased headphones for patients from Best Buy but does not endorse any particular brand or suggest that others obtain headphones in this way. No disclosure is required as this was not a focus of her presentation.

### **D) Reasonable Suspicion of Bias = Err on the side of disclosure**

Mr. Doe has always used Brand X ventilators. He has never considered any other ventilator for his hospital. He has routinely read every positive piece of literature associated with Brand X, and has steadfastly refused to read anything relating to other ventilators because “we don’t use those here.” He has no financial relationship with Brand X. He does not ask for Brand X to sponsor him, although he frequently gets calls for recommendations from people looking to buy their product. Every year at Christmas he receives a \$10 bottle of wine from the local Brand X representative. While there is not a technical conflict of interest, there is a prudential conflict of interest. Any presentation Doe does on the Brand X ventilator should be preceded with a disclosure that Brand X is the only ventilator he has ever used at his hospital.

## **III. Resolving Conflicts of Interest**

A conflict of interest in the situation where an individual is asked to present on a subject and has a financial interest is resolved by disclosing the interest.

# American Association for Respiratory Care Policy Statement

Policy No.: BOD.028

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A conflict of interest in the situation where an individual's AARC affiliation is mentioned in advertising or marketing is addressed by either (a) getting the manufacturer to pull the offending marketing material from circulation; or (b) by resigning from the leadership position with the AARC.

## IV. Guidance Based on Position and Role within the AARC

AARC employees, paid consultants and in-term AARC presidents are not permitted to accept direct compensation for any professional services or consulting engagement rendered to companies working within the respiratory care industry. This does not prohibit these individuals from working with said companies so long as compensation does not change hands, is done on behalf of the AARC (not the individual) and is done with the sole purpose to strengthen strategic partnerships with industry partners.

Executive committee members should seek permission from the AARC president before speaking for or on behalf of company in which compensation or endorsement of a product or service is provided.

Officers of the Board of Directors and House of Delegate Officers are not limited to having industry relationships, to speak for or on behalf of industry or to consult with industry so long as their role and/or position within the AARC is not used to promote their stature or provide tacit endorsement for a product or service. It is best practice however and in situations where their relationship with industry is "grey", to consult with the AARC president for advisement.

## V. Identifying Conflicting Organizations/Publications

### Meetings

AARC employees, officers, directors of agents of the Association are permitted to present at meetings that deliver respiratory care education and NOT be considered in conflict with this document so long as the meeting sponsor meets one or more of the following:

- The meeting sponsor is not a member organization that specifically targets respiratory therapists as their primary demographic. For example, the American Thoracic Society is a member organization that allows respiratory therapists as members, but their primary demographic is physicians.
- The meeting sponsor is NOT direct competitor of AARC. *Exceptions to this are industry sponsored educational events so long as the respiratory therapist does not have to pay a registration fee to attend.*
- The meeting sponsor does NOT utilize exhibitor revenue as the sole source to fund the meeting.
- Revenues from the meeting are donated to charity
- It is acceptable to present at local meetings (i.e. community hospitals or universities) so long as all revenue from the meeting must be re-invested into promoting the

## **American Association for Respiratory Care Policy Statement**

Policy No.: BOD.028

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research/science of respiratory care OR for the professional growth and development of the respiratory therapist (employees of the sponsoring organization).

- The meeting sponsor is an AARC state affiliate or the event is sponsored by an AARC state affiliate.
- Educational meetings which do not fall under one of the categories above must receive prior approval from AARC's President

### **Scientific, Peer-reviewed Publications**

All AARC employees, directors, officers, or agents are encouraged to submit manuscripts to reputable, peer-reviewed, scientific publications.

While it is encouraged that manuscripts are submitted for publication in RESPIRATORY CARE, publication in external peer-reviewed journals IS NOT considered to be a conflict.

### **Respiratory-Related Magazines**

It is considered a conflict for any AARC employee, director, agent, or officer to author an article which is published in any publication considered in direct competition with AARC Times magazine for subscriptions, advertising, and sponsorships

**American Association for Respiratory Care  
Policy Statement**

Page 1 of 2  
Policy No.: BOD.029

SECTION: Board of Directors

SUBJECT: **Position Statements and Issue Papers**

EFFECTIVE DATE: June 30, 2016

DATE REVIEWED: August 1, 2016

DATE REVISED: August 1, 2016

**Definition of Position Statement:** A position statement is an explanation, justification or a recommendation that reflects the AARC's stance. As the name implies its intention is to provide comprehensive reasoning regarding the rationale behind the position set forth and will cite references as necessary.

**Definition of Issue Paper:** Issues paper is an authoritative report or guide informing readers concisely about an issue and to present the AARC's philosophy or recommendations on how to resolve. It will cite references as necessary.

The Position Statement and Issue Paper Committee referred to as the "Committee" for the remainder of the document, will be tasked by the AARC Board of Directors (BOD) to develop or review position statements or issue papers. This development, renewal or retirement involves a group of content experts selected by the Committee. A completed new, renewal or retirement draft of the statement or paper will be posted on the AARC web site for a 60-day comment period from AARC membership. Following the comment period, the statement will be revised if necessary and sent to the BOD with recommendations of approval, renewal or retire.

***Policy Amplification:***

1. The BOD may initiate a new or renewal of position statement or issue paper at any time.
2. AARC House of Delegates or AARC Board of Medical Advisors may recommend to the BOD to create a new or revise a position statement or issue paper.
3. The Committee shall consist of 6 active and practicing members from a diverse practice background (i.e. management, adult acute care, sleep, neonatal/pediatrics, homecare, education, etc.) appointed by the President.
4. On an ongoing basis the Committee will recommend to the BOD the need to review, revise or retire as appropriate.
5. Each position statement or issue paper will be reviewed/revised at least every 5 years and shall be presented with a recommendation to the BOD for approval.
6. Each statement or paper will be dated upon BOD action and posted publicly on the AARC web site and grouped in categories such ethics & human rights, disease, consumer advocacy, practice, quality or safety.

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7. The following definitions will be used when writing position statements or issue papers:
  - a. **Respiratory Care:** umbrella term that identifies a distinct subject area and healthcare profession; a subject area in healthcare that includes all aspects of the care of patients; used to identify the services provided by respiratory therapists and other healthcare practitioners such as physicians, nurses, physical therapists, managers, educators, etc.
  - b. **Respiratory Therapy:** term that describes specific therapies related to the area of healthcare known as respiratory care; typically used to refer to the procedures, treatments and technology-based interventions to improve cardiopulmonary health.
  - c. **Respiratory Therapists:** term that identifies the professional practitioners who are credentialed as Registered and/or Certified Respiratory Therapists and who practice in the area of healthcare known as respiratory care
8. Position Statements and Issue Papers adopted by the AARC will be available to the public in electronic form.
9. References will be formatted according to the Respiratory Care Journal standards.
10. The Position Statement or Issue Paper will be organized according to the AARC approved format.

DEFINITIONS: Position Statement, Issue Paper, Respiratory Care, Respiratory Therapy, Respiratory Therapist



**American Association for Respiratory Care  
Policy Statement**

Page 1 of 2  
Policy No.: BOD.030

SECTION: Board of Directors

SUBJECT: **Strategic Planning**

EFFECTIVE DATE: December 2018

DATE REVIEWED: December 2018

DATE REVISED:

***Policy Statement:***

The Board of Directors will continually evaluate the Associations strategic plan to ensure that it is up to date.

***Policy Amplification:***

1. As part of this process, the Strategic Planning Committee will review the strategic plan in the months prior to each of the scheduled BOD meetings to assure the Association is on track to meet the tactics, strategic objectives and/or overall goals of the plan.
2. The strategic planning process will be done in phases:
  - a. Each strategic plan runs from the start of a President's term through the end of that same President's end of term.
  - b. In the year where there is a President-elect, the current plan is in place, but the strategic planning committee works to review and decide if the plan is consistent with Association needs and the goals of the incoming President. Major revisions to a strategic plan should coincide with the start of a new AARC Presidency.

***Strategic Planning Process:***

1. The AARC Strategic Planning Committee is tasked with the review and updating of the Strategic Plan.
2. There are many different ways to do strategic planning and in order to ensure the ability for the committee to flex with the times, no specific strategic planning process or format is identified or endorsed by this policy.
3. The committee must review the strategic plan document at minimum, prior to each AARC Board Meeting.
4. If the plan is current, the committee must at minimum update how the plan is being met.
5. If the plan has areas that are completed, this should be noted.
6. At the first AARC Board Meeting where there is a President-Elect (second year of the strategic plan), the Committee should begin looking at the strategic plan and how it relates to the overall goals and needs of the organization. If needed, the committee should work with the President-elect over the course of the next two AARC Board Meetings to realign and get approval of the AARC Board of Directors.

7. If changes are made to the AARC Mission and/or Vision, the committee must note they appear on the AARC Bylaws and will need to affect a bylaws change before a new mission or vision statement will take effect. That process could be a year-long at minimum.
8. The Strategic Plan is good for two years and must be updated or reaffirmed with the installation of each new AARC President.
9. At the new AARC Board Meeting which is held at the end of each AARC Congress, the new AARC Board will review and approve the strategic plan to allow it to begin with the new AARC Presidents term.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: BA.001

SECTION: Board of Medical Advisors

SUBJECT: **Medical Advisors**

EFFECTIVE DATE: March 2018

DATE REVIEWED: March 2018

DATE REVISED:

## REFERENCES:

### ***Policy Statement:***

The Chairperson of the Board of Medical Advisors (BOMA) shall identify Medical Advisors for Committees, Specialty Sections, and other appropriate Association Groups.

### ***Policy Amplification:***

1. Medical Advisors shall be limited to:
  - A. Members of the Board of Medical Advisors
  - B. Physicians approved by the Board of Medical Advisors
2. Medical Advisors so identified shall be subject to ratification by the Board of Directors.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: BA.002

SECTION: Board of Medical Advisors

SUBJECT: **Member Organizations**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: July 2019

DATE REVISED: June 2019

## **REFERENCES:**

### ***Policy Statement:***

Organizations shall be named to the Board of Medical Advisors by the Board of Directors in concurrence with the Board of Medical Advisors.

### ***Policy Amplification:***

1. Organizations named to the Board of Medical Advisors shall be:

- A. American College of Chest Physicians (ACCP)
- B. American Thoracic Society (ATS)
- C. American Society of Anesthesiologists (ASA)
- D. American Academy of Pediatrics (AAP)
- E. American College of Asthma, Allergy, and Immunology (ACAAI)
- F. Society for Critical Care Medicine (SCCM)
- G. National Association for Medical Direction of Respiratory Care (NAMDRRC)
- H. American Association for Respiratory Care (AARC) - physicians from organizations that have been vetted by BOMA and recommended for appointment by the AARC's Board of Directors (BOD)

2. The Board of Medical Advisors shall determine the number of appointees invited from each physician organization named above.

3. The Chairperson of the Board of Medical Advisors shall assure compliance with Association Bylaws Article VIII, Section 2, and "Term of Office."

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: BA.003

SECTION: Board of Medical Advisors

SUBJECT: **Policies and Procedures**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: November 2013

DATE REVISED:

## REFERENCES:

### ***Policy Statement:***

Policies and procedures adopted by the Board of Medical Advisors shall not be in conflict with Association policies and procedures.

### ***Policy Amplification:***

1. The Chairperson of the Board of Medical Advisors shall present policies and procedures being considered by the Board of Medical Advisors to the President.
2. The President shall, in collaboration with the Chairperson of the Board of Medical Advisors, present such policies and procedures to the Board of Directors as appropriate.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: BA.004

SECTION: Board of Medical Advisors

SUBJECT: **Travel Expenses**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: July 2011

DATE REVISED: July 2011

REFERENCES: AARC Policy FM.016 "Travel Expenses Reimbursement"

***Policy Statement:***

Travel expenses for members of the Board of Medical Advisors shall be shared by the Association and the physician sponsoring organization.

***Policy Amplification:***

1. The physician sponsoring organization should be responsible for travel expenses incurred by attendance at Board of Medical Advisors meetings held other than in conjunction with the International Congress.
2. The Association should be responsible for travel expenses incurred by attendance at the Board of Medical Advisors meeting held in conjunction with the International Congress.
3. The Association shall be responsible for travel expenses incurred by the Chairperson of the Board of Medical Advisors at all Board of Medical Advisors meetings.
4. The Association shall be responsible for travel expenses incurred by the immediate Past Chair of the Board of Medical Advisors if this person is not a representative of a sponsoring organization.
5. All travel expenses shall be reimbursed according to Association policy and procedure.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 2  
Policy No.: CA.001

SECTION: Chartered Affiliates  
SUBJECT: **Chartered Affiliate Bylaws**  
EFFECTIVE DATE: December 14, 1999  
DATE REVIEWED: April 11, 2014  
DATE REVISED: April 11, 2014  
REFERENCES: Bylaws

## ***Policy Statement:***

All Chartered Affiliates shall submit all proposed Chartered Affiliate Bylaws changes to the AARC Bylaws Committee for review. The purpose of the review is to determine if there is conflict with the AARC Bylaws in reference to two questions:

1. Are active members of the Society also active members of the AARC? (YES)
2. Does the Society allow non-AARC members to vote and/or hold a voting position on the Society's Board of Directors? (NO)

The committee will recommend that the AARC Board of Directors find that the Affiliate bylaws are not in conflict with AARC bylaws.

## ***Policy Amplification:***

1. A cover letter outlining each proposed bylaws amendment with a short explanation or justification for the change must be submitted by the Chartered Affiliate.
  - A. All proposed Chartered Affiliate Bylaws amendments shall be submitted through the AARC Executive Office.
2. All proposed Bylaws amendments must be submitted in a contiguous single document that shows current and proposed language.
  - A. Old language must be submitted in "*strike through*" format; new language must be submitted in underline format.
  - B. Incomplete or separate copies of "old" and "new" proposed Bylaws shall not be accepted.

## **American Association for Respiratory Care Policy Statement**

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Policy No.: CA.001

- C. Proposed Bylaws amendments not presented in the correct format shall be returned to the Chartered Affiliate for conversion to the correct format.
  
- 3. Projected timelines for bylaws submission and action are as follows:
  - A. Bylaws amendments must be submitted to the Executive Office, in the correct format, at least 120 days prior to the AARC Board Meeting at which they will be considered.
  - B. The chair of the Bylaws Committee or designee will provide feedback to the Affiliate Representative no later than 30 days after the Executive Office has sent the Affiliate Bylaws to the members of the Bylaws Committee.
  - C. Recommendations regarding conformance with AARC Bylaws made by the Bylaws Chair to the affiliate will be acknowledged by the affiliate representative within 30 days of the date feedback is provided.
  - D. All issues regarding conformance with AARC Bylaws must be resolved between the Bylaws Committee and the Affiliate at least 45 days prior to the next scheduled AARC BOD meeting in order to be considered at that meeting.
  - E. In some instances, affiliate bylaws may be submitted to the Board for electronic review in advance of a scheduled meeting.
  - F. If more than three AARC BOD meetings have passed between the initial request for review and resolution of outstanding issues without ongoing dialogue with the affiliate representative, the Bylaws review process will be terminated.
  - G. Upon termination the affiliate representative and the current chartered affiliate president shall be notified of the termination by the Bylaws chair.
  - H. If the affiliate wishes to proceed with the revisions/amendments at this point, the process must be initiated again at the first step.

DEFINITIONS:

ATTACHMENTS:



# **American Association for Respiratory Care Policy Statement**

Page 1 of 1  
Policy No.: CA.002

SECTION: Chartered Affiliates

SUBJECT: **Chartered Affiliate Requirements and Responsibilities**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: December 2018

DATE REVISED: December 2018

## REFERENCES:

### ***Policy Statement:***

Chartered affiliates shall be responsible for providing necessary formal documentation required for Chartered Affiliate Membership in the AARC.

### ***Policy Amplification:***

1. Chartered Affiliates shall be required to provide the following written documentation to the AARC.
  - A. Proof of state and federal not-for-profit status.
  - B. Proof of Chartered Affiliate Treasurers and other checking account signatories being bonded.
  - C. Proof of sound Chartered Affiliate financial management practices as outlined in House of Delegates policy with Chartered Affiliate Committee oversight..
2. The Affiliate Charter shall remain the property of the Association, and replacement or additional copies must be purchased at cost plus handling.
3. It shall be the responsibility of the Chartered Affiliates Committee to solicit and maintain documentation.

## DEFINITIONS:

## ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: CA.003

SECTION: Chartered Affiliates

SUBJECT: **Chartered Affiliates Revenue Sharing Adjustments**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: June 2017

DATE REVISED: June 2017

REFERENCES: AARC-Chartered Affiliate Revenue Sharing Agreement.

## ***Policy Statement:***

The AARC Executive Director shall be authorized to withhold Chartered Affiliate revenue sharing on the basis of past due state debts and documented violations of the AARC-Chartered Affiliate Revenue Sharing Agreement.

## ***Policy Amplification:***

1. The AARC Executive Director shall be authorized to withhold amounts owed the AARC by the Chartered Affiliate which are past due by 90 days.
  - A. The Executive Director shall deduct the amount past due from the next revenue sharing payment made to that affiliate.
  - B. In the event that the past due amount exceeds the revenue sharing payment, the amount still owed shall be deducted from the subsequent revenue sharing payments until outstanding debts are fully paid.
2. Failure to sign the Revenue Sharing agreement will result in suspension of revenue sharing to the Chartered Affiliate until a Revenue Sharing agreement has been filed with the Executive Office.
3. The AARC Executive Director shall be authorized to withhold Chartered Affiliate revenue sharing on the basis of documented violation of the AARC-Chartered Affiliate Revenue Sharing Agreement.

DEFINITIONS:

ATTACHMENTS:

# **American Association for Respiratory Care Policy Statement**

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Policy No.: CA.004

SECTION: Chartered Affiliates

SUBJECT: **Affiliate Revenue Sharing Agreement**

EFFECTIVE DATE: December 31, 2003

DATE REVIEWED: April 24, 2010

DATE REVISED: April 24, 2010

## REFERENCES:

### ***Policy Statement:***

Revenue sharing will be distributed to affiliates considered to be in good standing by the AARC Board of Directors.

### ***Policy Amplification:***

1. The BOD shall set the amount of the revenue sharing for chartered affiliates in good standing. The revenue sharing amount will be set annually.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 2  
Policy No.: CA.005

SECTION: Chartered Affiliate

SUBJECT: **Chartered Affiliate Travel Grant**

EFFECTIVE DATE: December 2003

DATE REVIEWED: April 2013

DATE REVISED: July 2007

## REFERENCES:

### ***Policy Statement:***

The chartered Affiliate Travel Fund is to assist affiliates in paying for the travel expenses of AARC officers or executive office staff invited to affiliate meetings to speak about AARC issues. This travel fund will also assist affiliates in paying for the travel expenses of a designated Chartered Affiliate Consultant when an affiliate requests for such services.

### ***Policy Amplification:***

1. A grant will be issued which duplicates funding provided by another sponsor or sponsors.
2. Authority:
  - a. The AARC President must approve all Affiliate Travel Fund grants.
  - b. The AARC Executive Director must approve any executive office staff travel.
3. Grant request procedure:
  - a. The Affiliate President sends a completed request form to the AARC Controller, who will forward a copy to the AARC President.
  - b. For grants to assist affiliates in paying for the travel expenses of AARC officers or executive office staff, the AARC President must approve the grant. If the grant is approved, the President will determine the amount of assistance and. send the approved request to the AARC Controller.
  - c. For grants to assist the Chartered Affiliate Consultant, the President will consult with the State Affiliate submitting the grant to determine the appropriateness of the request. If the grant is approved, the President will determine the amount of assistance and. send the approved request to the AARC Controller.
  - d. All grants will generally be a percentage of total expenses up to a maximum dollar amount. Any other funding received from the other outside parties reduces the total expense to be considered in the grant determination process.

## **American Association for Respiratory Care Policy Statement**

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Policy No.: CA.005

- e. The AARC Controller will advise the Affiliate President of the grant amount approved.
  - f. The affiliate should acknowledge that it is receiving support from the AARC in its printed materials.
4. Responsibility for expenses:
- a. The affiliate will be responsible for paying all travel expenses.
    - 1. Airfare: The AARC can make flight arrangements and bill the affiliate.
    - 2. Ground Transportation: The affiliate must provide any necessary transportation between the airport, hotel, and meeting site, and is responsible for the cost of airport transportation or parking in the officer's or staff member's hometown.
    - 3. Hotel: The affiliate must provide the hotel room and taxes.
  - b. Any expenses paid by the AARC will be billed or deducted from the grant.
  - c. Any other non-AARC monies received to defray our speaker's expenses must reduce the amount of expenses ultimately submitted to the AARC under this grant.
5. Payment of the grant: Copies of paid invoices should be sent to the AARC Controller, who will then issue a check to the affiliate.
6. Expenses (car rental, per diem, airfare, etc.) will be reimbursed in accordance with AARC policy.

### **DEFINITIONS:**

**ATTACHMENTS:** E: Chartered Affiliate Travel Grant Application

# American Association for Respiratory Care Policy Statement

Page 1 of 2  
Policy No.: CA.006

SECTION: Chartered Affiliate

SUBJECT: **Chartered Affiliate Consultant**

EFFECTIVE DATE: January 1, 2008

DATE REVIEWED: April 2012

DATE REVISED: April 2012

## References:

### ***Policy Statement:***

The American Association for Respiratory Care (AARC) has established a mechanism to offer consultation services to its state societies (chartered affiliates).

### ***Policy Amplification:***

The role of the consultant is to assist the state societies, in regard to resolution of problems and/or disputes associated with the operation of the state society at the direction of the AARC President.

1. The President may appoint an AARC member volunteer with Board of Director or Executive Committee experience to serve as AARC State Society Consultant. The Consultant serves at the pleasure of the President. The position will be subject to reappointment every two years.
2. The Consultant's role is strictly voluntary with no pay for services, but state societies requesting a consultation will accept responsibility for any expenses incurred with the AARC matching up to \$500 of the total expense.
3. While the consultant may be engaged with state societies on a wide range of topics related to arbitration, the consultant is not empowered to represent the AARC without its written authorization to do so from the AARC President.
4. When the Consultant provides advice in the execution of a consultation it must be clearly stated that the advice is not a position, opinion, recommendation or other form of direction from the AARC, but rather represents the best opinion of the consultant given his/her extensive experience and expertise in this area.

# **American Association for Respiratory Care**

## **Policy Statement**

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Policy No.: CA.006

5. If the consultant feels that it is necessary and appropriate for the AARC to undertake a formal recommendation or other action, the consultant will contact the AARC's President and make the appropriate recommendation(s). The President will in turn consider the recommendation(s) and after consideration with appropriate parties take any subsequent action.
6. The consultant will communicate on a regular basis with the AARC's President regarding any activities undertaken in fulfillment of this appointment and will generate a written report after any consultation be copied to the AARC's President and Executive Director within ten days post meeting.
7. The consultant will submit a report that summarizes activities participated in on behalf of the AARC for each BOD meeting.
8. All communications from the consultant to the State Affiliate must be copied to the AARC President and Executive Director.
9. Any brochures, publications and/or e-mails that the consultant desires to send out to the affiliates promoting services provided through the position must first be approved by the AARC President and Executive Director.
10. All requests for services of the consultant must first be submitted to the AARC President. The President will make the decision regarding approval of the consultation and travel grant funding by the AARC Travel Assistance Grant Fund.
11. The Chartered Affiliate Consultant will be required to sign a Letter of Agency which will describe scope and limitations of authority.

**DEFINITIONS:**

**ATTACHMENTS:**

# American Association for Respiratory Care Policy Statement

Page 1 of 2  
Policy No.: CA.007

SECTION: Chartered Affiliates

SUBJECT: **Chartered Affiliate Bylaws in Conflict with AARC Bylaws**

EFFECTIVE DATE: November 3, 2011

DATE REVIEWED: April 11, 2014

DATE REVISED: April 11, 2014

REFERENCES:

## ***Policy Statement:***

The Bylaws of the Chartered Affiliates shall not be in conflict with the Bylaws of the AARC.

## ***Policy Amplification:***

1. Affiliate bylaws will only be reviewed for compliance with AARC Bylaws. Errors in grammar, spelling or internal inconsistencies will be the responsibility of the Chartered Affiliate. The Bylaws Committee may make recommendations regarding grammar, spelling, or internal inconsistencies but will not delay the recommendation to the Board of Directors.
  - a. All Affiliate Bylaws shall be submitted to the AARC Bylaws Committee every 5 years for review and approval. The AARC Bylaws Committee will request in writing that the Chartered Affiliate submit the affiliate bylaws so that they can be reviewed.
  - b. The Affiliates have six months to respond to the Bylaws Committee request for review.
  - c. If an Affiliate does not respond with submission of the bylaws, the Bylaws Committee will notify the Chartered Affiliate in writing that they are in conflict with the Chartered Affiliates Policy.
  - d. Failure to submit Bylaws or respond with a plan for submission within 45 days shall start the process in section 5 below.
2. Affiliate Bylaws will be considered in conflict with the AARC Bylaws and/or policy if non-AARC members are allowed to vote and/or hold a voting position on the Affiliate's Board of Directors.
3. Affiliate Bylaws will be considered in conflict with AARC Bylaws and/or policy if Active members of the AARC are not automatically Active members of the Chartered Affiliate.
4. If affiliates Bylaws are in conflict with the AARC Bylaws and/or policy the Bylaws Committee will notify the Affiliate in writing that The Affiliates Bylaws are in conflict with the AARC Bylaws and/or policy including the reason.
5. The Bylaws Committee will recommend to the AARC Board of Directors that their Affiliate Charter be suspended until the Chartered Affiliate makes changes to their bylaws to bring them into compliance with AARC Bylaws.
  - a. The charter affiliate shall lose their voting powers in the House of Delegates until the Bylaws are revised and accepted by the AARC Board of Directors.
  - b. If after a period of one year the Affiliates Bylaws are still not in compliance, the AARC



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Board will take action by withholding Affiliate revenue sharing starting at one quarter of revenue sharing every six months.

- c. This would be a three year process whereby revenue would dwindle to zero after three years of non-compliance.
- d. The AARC Board of Directors would then revoke the charter of the affiliate.

DEFINITIONS:

ATTACHMENTS: AARC Bylaws

# American Association for Respiratory Care Policy Statement

Page 1 of 3  
Policy No.: CA.008

SECTION: Chartered Affiliates

SUBJECT: **AARC Affiliate AARConnect Community Policy/Procedure**

EFFECTIVE DATE: October 14, 2016

DATE REVIEWED: October 14, 2016

DATE REVISED:

**Definition of an AARC Affiliate AARConnect Community:** A place for affiliate members to share information that supports the mission and vision of the state society and AARC. AARC staff provides oversight of the AARConnect platform. The Affiliate Communities by the nature of the discussions are a reflection of the Affiliate and its members and is monitored by the affiliate leadership. This document is subject to change, according to evolving membership consensus and interaction. The following guidelines cover all messages sent – whether to an entire discussion or to an individual community member.

1. **Have a clear topic in mind and state it in the subject line.** Clear subjects enable members to relate to content easier. It also makes messages easier to find when searching.
2. **Post only content that you are authorized to post.** When acting on behalf of the Leadership of the Affiliate, clearly state your position and who authorized the posting. If posting with a personal message, note that the post is not an authorized Affiliate post. Avoid posting copyright protected materials. Official posts should not include advertising events or products that compete with the AARC and/or affiliate.
3. **Safeguard privacy.** Participation is limited to AARC members and affiliate leadership. However, online forum security cannot be guaranteed and as such your posts may not remain private. Ensure posts meet HIPAA and other relevant guidelines and regulations.
4. **Stay on topic.** Posts should be relevant to the Affiliate forum. Posts are subject to moderation or deletion if found to be off topic, if reported as inappropriate, or if they fail to support the mission and vision of the affiliate or AARC.
5. **Be professional.** Discuss issues, not people. Posts should be professional. Discussions should not include political messaging.
6. **Follow guidelines for surveys.** If you are interested in surveying members for research purposes, please contact the affiliate leadership to receive permission to post surveys. Surveys posted without permission will be removed. Oversaturation of community members with surveys for industry or personal gain, often result in members removing themselves from the list.
7. **Do not post commercial messages.** This includes job postings, products, services, or meetings or events. Official affiliate sponsored events are allowed when posted by the appointed/elected leadership of the affiliate.

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## Policy Statement

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Policy No.: CA.008

### ***Policy Amplification:***

1. Affiliate President must agree to code of conduct, which will be sent annually with Affiliate Affirmation. State Societies who do not sign the affiliate affirmation will not be eligible to have an Affiliate Community.
  - a. On the initial implementation, the AARC will provide an interim Affiliate Community Agreement that will cover the period between the implementation and the 2017 Affiliate Agreement completion date.
2. The Affiliate Community will replace community and/or the need to contact the AARC HOD Liaison in order to post to its members within the state.
3. Leadership of the affiliate must appoint a member of their executive committee or board to manage, create and monitor all posts for the affiliate.
  - a. When officially posting as an affiliate officer, authors should identify themselves as acting on behalf of the elected officers. Personal opinions should be identified as such and it should be made clear that they are not the official statement of the affiliate. AARC urges caution when posting on the state forum in that capacity.
4. Job postings are not allowed. These types of posts constitute advertising which is not permitted on AARConnect.
5. No direct solicitation of any type for meetings, events, products or services is allowed, either through lists or direct messaging to other members. These types of posts constitute advertising which is not permitted on AARConnect. This is already stated in #7 above
6. Use caution when discussing any services or products. Information posted on the lists is available for all to see, and comments are subject to libel, slander, and antitrust laws.
7. **AARC reserves the right to modify postings.** Affiliate officers are held to a high level of excellence and accountability. Repeat offenders may be subject to moderation or restricted access.
  - a. **Individual Violations (e.g. – allowing individuals to post non-sanctioned state affiliate events or inappropriate use/responses by individuals):**
    - i. First Violation – Depending on the severity, a message may be deleted. A message informing the poster will be sent.
    - ii. Second Violation – Depending on the severity, a message may be deleted. The poster will be put on moderation, and messages will be reviewed before being potentially posted online.
  - b. **State Affiliate Violations (e.g. – postings that violate the affirmation agreement between the state affiliate and AARC):**
    - i. First Violation – Depending on the severity, a message may be deleted. The state affiliate will lose their access to the AARConnect community for six months and forfeit their AARC revenue sharing for that time period.
    - ii. Second Violation – Depending on the severity, a message may be deleted. The state affiliate will lose their access to the AARConnect community for a year and forfeit their AARC revenue sharing for that time period.
  - c. Disposition of withheld State Affiliate Revenue sharing. The AARC will hold the funds in a holding account and at the end of the year will disburse the funds equally to the state affiliates that had no violations during the preceding year.

# **American Association for Respiratory Care Policy Statement**

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Policy No.: CA.008

8. All affiliates are required to follow all policy amplication definitions for AARC Connect Community and revenue sharing requirements. Failure to follow these policy amplication definitions shall result in withholding of these affiliate benefits.
9. Section 7 a,b,c will be followed as written. The AARC has the right to rescind the community's right, revenue sharing and chartered affiliates co-marketing.
10. The AARC BOD will be the determinate body when violations occur. The withholding of these revenues shall be reserved in a protected account.

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Page 1 of 2  
Policy No.: CT.001

SECTION: Committees  
SUBJECT: **Committee Charges**  
EFFECTIVE DATE: December 14, 1999  
DATE REVIEWED: June 2016  
DATE REVISED: April 24, 2010

## REFERENCES:

### ***Policy Statement:***

Each committee of the Association shall comply with charges in accordance with the Bylaws and as identified by the President.

### ***Policy Amplification:***

1. All committee reports shall arrive in the Executive Office by a deadline established by the President prior to the Board of Directors' meetings.
  - A. Committee reports which arrive after the due date shall be transmitted for consideration through electronic means as an addendum to the Board and House of Delegates agenda books.
  - B. Late committee reports shall be available for Board and House members not receiving electronic transmissions of late reports.
2. The committee chair shall be encouraged to acknowledge the contributions of their committee members. This may be accomplished through references added to the committee reports or directly through letters to the committee members.

# **American Association for Respiratory Care Policy Statement**

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Policy No.: CT.001

3. The Judicial Committee shall be required to submit no later than 30 days prior to the Association's annual meeting to the Executive Office the complete set of committee records and files for the current year's activities.
  - A. Required files shall include originals of all incoming and copies of all outgoing correspondence and memoranda arranged on a case by case or project by project basis.
  - B. Should the Executive Office not receive the required files within the required time, the President shall be notified, who shall then directly notify the Chair and request their transferal to the Executive Office.
4. All Committees shall be responsible to review policies and procedures related to their committee activities and report proposed changes to the President for revision of the policy and procedure manual.
  - A. All policies, procedures and proposed changes shall be in standard format.
5. The committee chair shall perform duties specified by the President and the Board of Directors to carry out the objectives of the Association.
  - A. The chair of each committee shall confer promptly with the members of that committee on work assignments.
  - B. In the event of committee vacancies occurring in any committee, the President may appoint members to fill such vacancies, subject to the approval of the Board of Directors.
6. Committee members of any member class, as well as non-members may be appointed as consultants to committees.
  - A. The President shall request recommendations regarding physician consultants from the Chair of the Board of Medical Advisors.
7. The Vice President of Internal Affairs will be the liaison to the BOD committees.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: CT.002

SECTION: Committees

SUBJECT: **Medical Advisors**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: November 2013

DATE REVISED: March 2009

## REFERENCES:

### ***Policy Statement:***

Committees shall have Medical Advisors as requested by the President, identified by the Chair of the Board of Medical Advisors (BOMA) and appointed by the President.

### ***Policy Amplification:***

1. Special Committees and other groups shall have Medical Advisors as determined by the President.
  - A. BOMA shall submit names for Committee Medical Advisors to the President for appointment and ratification by the Board of Directors.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

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Policy No.: CT.003

SECTION: Committees

SUBJECT: **Elections Committee – Nominations Process**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: December 2018

DATE REVISED: December 2018

REFERENCES: AARC Bylaws, CT.005, and Delegate Handbook

## ***Policy Statement:***

The process used to prepare a slate of candidates for Association offices and to conduct elections shall be in accordance with the following revision from AARC's December 2018 BOD meeting.

## ***Policy Amplification:***

1. An official nomination form must be submitted for each nominee.
2. Each nominee shall be notified of the location on-line where they can find the requirements of the Elections Committee in order to continue in the elections process with full instructions and the submission deadline date.
3. All candidates shall submit information (e.g., answers to questions. **Biographical form**) required of all nominees with a defined date of return to the Executive Office for preparation and publication in the appropriate publication to provide the general membership with additional information about the candidates.
4. An AARC Officer or Director shall not hold a paid or voluntary position of authority for or in any AARC Chartered Affiliate during his/her term of office as an AARC Officer or Director. Candidates holding such positions must submit in writing a plan for resolution of any conflict of interest prior to Election Committee consideration of candidates.
5. Questions will be derived from HOD/BOD input and organized/compiled by the Elections Committee. Nominees will respond via mail, e-mail or fax to the Executive Office according to established standards and timelines. The Committee will develop a question for the Section Chair nominees that would be specific to their role with input from the AARC President, focusing on the charges set forth for the particular section. The question will be generic for all Section Chair nominees.
6. The administrator/supervisor of each nominated individual must submit written certifying support for the candidate's nomination and time commitment for AARC responsibilities.
7. The Elections Committee members, under the guidance of the Committee chair, will review the compiled data, assess qualifications, rank, etc. Once the data is compiled, it will be sent to each committee member, followed by a telephone conference, and the



# **American Association for Respiratory Care Policy Statement**

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Policy No.: CT.003

committee will decide upon a slate of candidates.

8. All nominated individuals shall be notified in writing the outcome of their nomination.
9. All deliberations within the Elections Committee for preparation of the slate of candidates shall be performed in Executive Session and may not be discussed beyond the committee. Any committee member breaching confidentiality of the aforementioned deliberations shall be referred to the AARC Judicial Committee for appropriate action.
10. The Elections Committee Chair shall submit the elections slate in writing to the Board of Directors and the House of Delegates no later than June 1. This deadline for submission of nominees may be extended as necessary.
11. Voting will be by an online process with the order of candidate names randomly listed.
12. The Elections Committee Chair shall receive and review the layouts of the general election ballots and the biographical forms.
13. The Elections Committee shall forward a roster of all nominees for the AARC Board of Directors to the President and/or President-elect which would include all personal contact information for these individuals (i.e., e-mail, work address, work phone, etc.) for consideration in the committee appointment process.
14. Past speakers of the House of Delegates are eligible for nomination for Association officer positions to include Secretary-Treasurer, Vice President for Internal Affairs, Vice President for External Affairs and President-elect, provided that they will have completed their full term of office as speaker-elect, speaker and immediate past speaker sometime prior to the year for which they would serve as an Association officer.
15. Write-in candidates for Directors and Officers of the Board of Directors of the AARC must meet the minimum eligibility requirements for the office for which they have received votes.
16. The Elections Committee shall have the ability to extend the established nomination period by 20 days if a full slate of candidates for each position has not been obtained.
17. The Committee's goal will be to have a minimum of two qualified members for each elected position.
18. The Executive Office will provide updated section membership numbers and election grid to the Elections Committee, reflecting December 31<sup>st</sup> membership.

DEFINITIONS:

ATTACHMENTS: Biographical Form Guidelines (See Appendix)

# American Association for Respiratory Care Policy Statement

Page 1 of 2  
Policy No.: CT.004

SECTION: Committees

SUBJECT: **Special Committees, Ad Hoc Committees, Focus Groups, Panels, and Special Representatives to External Organizations**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: November 2012

DATE REVISED: July 2005

**REFERENCES:** AARC Bylaws, CT.001, CT.002, CT.003 and CT.004

## ***Policy Statement:***

Special Committees or Representatives to External Organizations may be appointed by the President to carry out specific activities, subject to ratification by the Board of Directors.

## ***Policy Amplification:***

1. The President may appoint a Special Committee, Ad Hoc Committee, Focus Group or Panel to complete specific charges related to the needs of the Association or the profession.
2. The Executive Director, Board of Directors, Board of Medical Advisors, House of Delegates, Chartered Affiliates, Specialty Sections or member may request that the President appoint a Special Committee, Ad Hoc Committee, Focus Group or Panel to perform specific charges.
3. In the event of vacancies occurring in Special Committees, Ad Hoc Committees, Focus Groups or Panels, the President may appoint members to fill such vacancies, subject to ratification by the Board of Directors.
4. Representatives of the Association to such external organizations as may be required shall be appointed by the President, subject to ratification by the Board of Directors.
5. In the event of vacancies occurring in any representative position to external organizations, the President may appoint members to fill such vacancies, subject to ratification by the Board of Directors.
6. Trustees of the CoARC, ARCF and NBRC:
  - A. Shall not serve as voting members of more than one of the above identified organizations during any single term of appointment.
  - B. Presents and communicates the positions, policies and concerns of the AARC.

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**C. Desired qualifications include:**

- 1) AARC Member for five (5) years.
- 2) Knowledge of AARC bylaws, positions, policies and philosophies.
- 3) One year previous experience at the AARC level, e.g., Board of Directors, House of delegates, special representative, committee chair or member.
- 4) Ability to communicate effectively.
- 5) For CoARC: Previous management/supervisory experience as faculty of a CoARC accredited respiratory care program.

**DEFINITIONS:**

**ATTACHMENTS:**

# **American Association for Respiratory Care Policy Statement**

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Policy No.: CT.005

SECTION: Committees  
SUBJECT: **Standing Committees**  
EFFECTIVE DATE: December 14, 1999  
DATE REVIEWED: April 2012  
DATE REVISED: April 2012

## **REFERENCES:**

### ***Policy Statement:***

The standing committees of the Association shall be the Bylaws, Elections, Executive, Finance, Judicial, Program and Strategic Planning Committees.

### ***Policy Amplification:***

1. The Association's standing committees are designated by the Association's Bylaws and only may be changed by initiation of a Bylaws change as designated in the Association's Bylaws in Article XII, sec 2.2.
2. Committee chairs and committee members of standing committees not otherwise designated in the Association's Bylaws and/or policy shall be appointed by the President and subject to the approval of the Board of Directors.
3. Committee terms of appointment shall be for two (2) years with the exception of the Elections Committee, which is a three (3) year term.
4. Decisions of the standing committees of the Association, except as specified in Article XII, Section 2 (a) (3), may be appealed to the Board of Directors.
  - A. A two-thirds (2/3) vote of the Board of Directors shall be required to sustain an appeal.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

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Policy No.: CT.006

SECTION: Committees  
SUBJECT: Committee Travel Expenses  
EFFECTIVE DATE: December 14, 1999  
DATE REVIEWED: May 9, 2004

**DATE RETIRED: April 13, 2013**

REFERENCES: FM.016

***Policy Statement:***

Travel expenses for committee members shall be reported, recorded, and reimbursed in accordance with Association policy.

***Policy Amplification:***

1. Committee members' travel shall be approved by the Committee Chairperson prior to such travel occurring. **Refer to Policy No. FM.016**
2. Any travel expenses which are not included in the current committee budget as approved by the Board of Directors shall require advance approval from the President, with subsequent review by the Finance Committee and ratification by the Board of Directors.
3. Committee Chairpersons shall submit a statement of travel expenses for their respective committee as part of their regular reports to the Board of Directors.

DEFINITIONS:

ATTACHMENTS:

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Policy No.: CT.007

SECTION: Committees

SUBJECT: **Judicial Committee Procedures for Processing Complaints and Formal Charges**

EFFECTIVE DATE: December 1980

DATE REVIEWED: July 2015

DATE REVISED: July 2015

REFERENCES:

***Policy Statement:*** The following will define the procedures followed by the Judicial Committee in processing complaints and formal charges against a member or members of the Association who have allegedly violated the AARC Bylaws and/or Code of Ethics.

## ***Policy Amplification:***

### **Definitions:**

*Association:* American Association for Respiratory Care (AARC)

*Formal Complaint:* A complaint submitted to the Judicial Chairperson which details the specifics of a complaint, and which has been signed and duly notarized. Specifics of the complaint must include: (1) a detailed description of the violation; (2) when, how, and where the violation occurred; (3) the name of the organization or person affected by the violation; (4) the name, address, and telephone number against whom the complaint is being filed; and (5) the name, address, and telephone number of the person making the complaint. The complaint may include more than one individual, organization, and/or violation, if applicable. The complaint and its specifics must be legible.

*Valid Complaint:* A Formal Complaint judged by the Committee as having substance. Formal Complaint processed into a Formal Charge.

*Complaint Without Substance:* A Formal Complaint judged by the Committee to be lacking substance. Formal Complaint is dropped from record.

*Formal Charge:* A Formal Complaint judged valid by the Committee and issued to the charged member as a "Resolution Preferring Charges Against a Member."

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*Formal Hearing:* A Telephone hearing with the Committee, requested by the charged member.

*Executive Session:* A Committee meeting following a Formal Hearing to determine Committee action.

*Substance:* A preliminary determination by the Committee that a complaint is grounded in fact and worthy of a formal investigation.

*Notary/Notarized:* An attestation by a notary public from the state and county of residence of the complaining member who personally witnesses the complaining member sign the complaint and includes the following jurat at the bottom of the complaint – “Comes now [insert name] a notary public in and for the county of [county] and state of [state] who attests that on [date] the above-named member of the AARC, having been duly sworn and upon his/her oath signed the above document of her own free act and deed. Subscribed to and sworn this [day] day of [month], 20\_\_.”

## **Procedure:**

1. All improperly completed written complaints received by the Committee Chair shall be responded to within ten (10) working days by certified mail, return receipt requested. Instructions for proper completion of the complaint and time limitations shall be included with the Chairperson’s response.
2. Failure of a complainant to return the information needed to complete the specifics of a formal complaint within thirty (30) days of the date of the signed return receipt shall be sufficient reason for abandoning the complaint.
3. The identity of any complainant shall be held confidential and provided to the accused member(s) only if the Committee determines the complaint(s) valid and a formal charge(s) is processed.
4. Upon receipt of a properly completed Formal Complaint, the Chair shall notify the accused member of the specifics of the Formal Complaint within ten (10) working days, by certified mail, return receipt requested.
5. The Chair shall conduct a complete preliminary investigation, as expeditiously as practical, involving only the complainant and the accused member to collect supportive documentation from both parties. The complainant, accused member, AARC President, and Judicial Committee members shall be notified of any serious delays in the investigation. Other individuals or institutions may be asked to submit written statements only with the written permission of the accused member. Such written statements must be acknowledged and sworn to before notaries, before they will be relied upon by the Committee.
6. Following the preliminary investigation, the Formal Complaint and all notarized documentation will be sent to Judicial Committee members for review.

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7. The Chair shall schedule a telephonic meeting of the Judicial Committee to analyze the merits of the Formal Complaint and determine by majority vote, whether the Formal Complaint is Valid or Without Substance. This meeting requires a two-thirds presence of the Judicial Committee members, in addition to the Chair. The Chair votes only to bring majority. The AARC legal counsel shall be present to assist the Committee with any legal questions which may arise. Should the Committee determine the Formal Complaint is without substance, the complainant and accused member shall be so notified, within ten (10) working days, by certified mail, return receipt requested.
8. Should the Committee determine the Formal Complaint is valid, a Formal Charge shall be issued to the accused member. A current "Resolution Preferring Charges Against a Member" shall be prepared, with the benefit of legal counsel, and forwarded to the charged member within fifteen (15) working days by certified mail, return receipt requested.
9. The charged member shall be requested to reply to the specified charges within fifteen (15) working days from the date of receipt of the "Resolution Preferring Charges Against a Member." The Chair of the judicial committee may grant additional time to respond, up to and including 30 days, to the formally-charged member.
10. Notification of Formal Charge shall include a clear statement of the options available to the charged member:
  - a. the right not to reply to the Committee's request for response;
  - b. the right to provide a detailed response in rebuttal, denial, justification, explanation, or admission of the Formal Charge; and/or
  - c. the right to request a Formal Hearing in order to present a direct personal defense to refute the Formal Charge.
11. This notification shall also include a copy of "Judicial Committee Guidelines for Processing Complaints and Formal Charges."
12. If the charged member fails to respond in writing within the time specified for reply, or fails to request additional time, the Committee, by majority vote, may take action it deems appropriate.
13. If the charged member's response is sufficient for Committee action, and no Formal Hearing is requested, the Committee, by majority vote, shall take whatever action it deems appropriate, which may include, on vote of the Committee, the scheduling of a formal hearing.
14. Should the written response, by the charged member, prove to be inadequate by the Committee to refute, explain, justify or admit to the specifics of the charge, the Chair shall:
  - a. Request a final, more detailed statement or clarification from the charged member. No further written replies shall be requested.
  - b. Re-extend the opportunity for a Formal Hearing, which will serve in lieu of a final written response.

This request shall be forwarded to the charged member within ten (10) working days of the Committee's determination of inadequate response by certified mail, return



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receipt requested. The charged member shall be requested to reply within ten (10) working days of his/her receipt of the committee's second request.

15. Without any request for a Formal Hearing, the Committee shall, by majority vote, take action in the case of each charged member within fifteen (15) working days of the receipt of a charged member's final written response. The charged member shall be notified within ten (10) working days of Committee action by certified mail, return receipt requested.
  - a. If a Formal Hearing is requested, the AARC President shall be notified so that all necessary funds may be appropriated. The Judicial Committee Chair, with the assistance of the AARC executive office, shall schedule a telephonic Formal Hearing to be held within sixty (60) days from the date of receiving the charged member's request for Formal Hearing.
  - b. The charged member requesting a Formal Hearing shall be notified by certified mail return receipt requested of the date and time of the Formal Hearing and shall be issued the Formal Hearing guidelines no less than thirty (30) days prior to the date of the Formal Hearing.
  - c. The Judicial Committee Chair reserves the right to include or exclude presence of non-delineated individuals at the Formal Hearing.
  - d. The AARC legal counsel will be present at all Formal Hearings and will assist the Committee with any legal questions.
  - e. The charged member shall be made aware of the membership of the committee prior to the hearing and be afforded an opportunity to request the recusal of any committee member that the charged member reasonably believes to be biased against them. The Chair shall hear and determine any challenge to any committee member on the basis of bias. Should the Chair be alleged to have a bias or interest in the matter, the AARC President shall determine whether to recuse the Chair.
  - f. At no time shall the Chair or any Committee member attempt to influence any Committee member prior to a Formal Hearing. Any committee member who believes that they may be biased, or who may have any personal knowledge of facts obtained outside the strict rules of the hearing process shall recuse from further consideration in the matter.
  - g. A Formal Hearing requires two-thirds (2/3) presence of the Judicial Committee members in addition to the Chair. The Chair votes only to bring majority vote.
  - h. Letters or written statements introduced before the Committee must include the following statement in the body of the letter or statement: "the information provided herein is true and correct to the best of my information, knowledge and belief. The letter or statement shall be notarized.
  - i. Should the charged member not be present at the Formal Hearing, the Judicial Committee shall proceed with the Formal Hearing and make a decision by majority vote based on available information. A recording of all oral testimony shall be taken.
  - j. The Judicial Committee Chair shall preside over all Formal Hearings. All individuals present including the Judicial Committee members shall be identified for the record.

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- k. The Chair will identify the method of recording the Formal Hearing by the Judicial Committee and by the charged member.
  - l. The Chair shall read the procedures to be followed in conducting the Formal Hearing and inquire of those present if there are any questions concerning those procedures.
  - m. The Chair shall then read the specifics of the “Resolution Preferring Charges Against a Member.”
  - n. The Chair will then review all documentation concerning the aforementioned “Resolution Preferring Charges Against a Member.”
- 
- 12. The charged member and/or his/her legal counsel shall then have the opportunity to rebut.
  - 13. The charged member(s) involved shall then present witnesses and/or other admissible documents in defense of their position.
  - 14. The Judicial Committee shall have the option of asking relevant questions about each document and/or from each witness presented by the charged member.
  - 15. At the completion of the charged member’s presentation, the Committee shall ask if the charged member has any further information. If none, the charged member presentation is closed, subject to rebuttal by the Committee.
  - 16. The Judicial Committee may consult legal counsel prior to closing the Formal Hearing and going into Executive Session.
  - 17. The Chair shall then close the Formal Hearing. The charged member shall be informed that he/she will be notified by the Judicial Committee Chair, within ten (10) working days of the Judicial Committee decision by certified mail return receipt requested.
  - 18. The Chair shall reconvene the Committee and declare Executive Session to review the testimony and to vote on action to be taken.
  - 19. In those cases where disciplinary action is taken against a charged member, notification of Committee action shall inform the charged member of his/her right to appeal the Committee action directly to the Board of Directors of the Association as defined in Article XI Section 2f of the Association Bylaws. Should a charged member against whom disciplinary action has been taken, fail to appeal Committee action to the Board of Directors of the Association, within the time specified, the Chair shall notify the charged member by certified mail return receipt requested that his/her rights as defined by these policies and AARC Bylaws have been exhausted and that the case is no longer appealable and that the Committee action is now binding.
  - 20. Upon advice of Legal Counsel, notification of Association member suspension or termination shall be given to:
    - a. National Board for Respiratory Care (NBRC)
    - b. The State Board for Respiratory Care of the charged member’s state.
    - c. State affiliate of member
    - d. Local Chapter of member
    - e. AARC member via *AARC Times* (only action taken, not names, shall be reported)
    - f. Employer of member (upon written request of employer)

## **American Association for Respiratory Care Policy Statement**

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### **Procedure for Appeals to the Board of Directors (EP.1280)**

#### **Policy:**

All members against whom disciplinary action has been imposed shall be granted the opportunity to appeal such action(s) to the Board of Directors of the Association. The objective of this appeal mechanism is to provide an impartial forum responsible for the review of adjudged evidence. Judicial Committee procedures and the severity of the penalties assessed against members. Under no circumstances shall the right to appeal be denied any member.

#### **Outline of Preliminary Procedures:**

All appeals must be received in writing within thirty (30) days of the member's receipt of notification of disciplinary action and must be forwarded directly to the AARC President.

Appeals received beyond the thirty (30) day deadline shall be returned to the appellant, by certified mail within five (5) working days of its receipt by the AARC President with notification of its invalidity.

Any and all appeals must detail, in explicit terms the basis for the appeal and justifications which might warrant the reversal or modification of Judicial Committee actions.

Any appeal based upon the submission of new evidence or the reversal of testimony shall be forwarded to the Judicial Committee for preliminary review and recommendations.

Upon receipt of a valid appeal the AARC President shall request the original case file and hearing transcript, if any, from the Judicial Committee Chair.

The AARC President shall forward all case materials to the officers and directors of the Association within twenty (20) days of the receipt of the member's appeal. Within thirty (30) days of the President's receipt of the member's appeal, the Board of Directors, by majority mail or conference call vote shall:

## **American Association for Respiratory Care Policy Statement**

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Determine if the appeal is or is without merit.

1. Determine if all formal Judicial Committee procedures were followed appropriately.
2. Determine if Judicial Committee actions were appropriate for member responsibility.
3. Determine whether or not the strength of the appeal warrants reversal or modification of committee action.
4. Determine whether or not the appellant should be granted a formal hearing before the Board to present his/her case.

DEFINITIONS:

ATTACHMENTS:

## American Association for Respiratory Care Policy Statement

Page 1 of 2  
Policy No.: CT.008

SECTION: Board of Directors

SUBJECT: **Position Statements and Issue Papers**

EFFECTIVE DATE: June 30, 2016

DATE REVIEWED: December 3, 2018

DATE REVISED: December 3, 2018

**Definition of Position Statement:** A position statement is an explanation, justification or a recommendation that reflects the AARC's stance. As the name implies its intention is to provide comprehensive reasoning regarding the rationale behind the position set forth and will cite references as necessary.

**Definition of Issue Paper:** Issues paper is an authoritative report or guide informing readers concisely about an issue and to present the AARC's philosophy or recommendations on how to resolve. It will cite references as necessary.

The Position Statement and Issue Paper Committee referred to as the "Committee" for the remainder of the document, will be tasked by the AARC Board of Directors (BOD) to develop or review position statements or issue papers. This development, renewal or retirement involves a group of content experts selected by the Committee. A completed new, renewal or retirement draft of the statement or paper will be posted on the AARC web site for a 30-day comment period from AARC membership. Following the comment period, the statement will be revised if necessary and sent to the BOD with recommendations of approval, renewal or retire.

### ***Policy Amplification:***

1. The BOD may initiate a new or renewal of position statement or issue paper at any time.
2. AARC House of Delegates or AARC Board of Medical Advisors may recommend to the BOD to create a new or revise a position statement or issue paper.
3. The Committee shall consist of 6 active and practicing members from a diverse practice background (i.e. management, adult acute care, sleep, neonatal/pediatrics, homecare, education, etc.) appointed by the President.
4. On an ongoing basis the Committee will recommend to the BOD the need to review, revise or retire as appropriate.
5. Each position statement or issue paper will be reviewed/revised at least every 5 years and shall be presented with a recommendation to the BOD for approval. (7/2018 temporarily suspended, see Recommendation 18-2-26.5)
6. Each statement or paper will be dated upon BOD action to include the type of action taken – Developed, Reviewed, Revised, or Retired - and posted publicly on the AARC web site and group in categories such ethics and human rights, disease, consumer advocacy, practice, quality or safety.

7. The following definitions will be used when writing position statements or issue papers:
  - a. **Respiratory Care:** umbrella term that identifies a distinct subject area and healthcare profession; a subject area in healthcare that includes all aspects of the care of patients; used to identify the services provided by respiratory therapists and other healthcare practitioners such as physicians, nurses, physical therapists, managers, educators, etc.
  - b. **Respiratory Therapy:** term that describes specific therapies related to the area of healthcare known as respiratory care; typically used to refer to the procedures, treatments and technology-based interventions to improve cardiopulmonary health.
  - c. **Respiratory Therapists:** term that identifies the professional practitioners who are credentialed as Registered and/or Certified Respiratory Therapists and who practice in the area of healthcare known as respiratory care
8. Position Statements and Issue Papers adopted by the AARC will be available to the public in electronic form.
9. References will be formatted according to the Respiratory Care Journal standards.
10. The Position Statement or Issue Paper will be organized according to the AARC approved format.

DEFINITIONS: Position Statement, Issue Paper, Respiratory Care, Respiratory Therapy, Respiratory Therapist

# American Association for Respiratory Care Policy Statement

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Policy No.: CT.009

SECTION: **Committees**

SUBJECT: **AARC Fellowship Selection Committee**

EFFECTIVE DATE: January 1, 2011

DATE REVIEWED: December 2018

DATE REVISED: December 2018

## REFERENCES:

***Policy Statement:*** The AARC Fellowship Program was established to recognize active or associate members in good standing who have made profound and sustained contributions to the art and science of respiratory care and to the AARC

***Policy Amplification:*** This policy sets forth the eligibility requirements, criteria for nomination, the selection process and rules governing the AARC Fellowship Program.

## **Eligibility:**

1. Be an active or associate member of the AARC in good standing for at least ten consecutive years prior to the deadline for receipt of nominations.
2. Possess the RRT credential issued by the NBRC and be licensed or hold registration/certification (if applicable) within their state of employment or, be a licensed physician with a respiratory care-related specialty.
3. International respiratory therapist nominees must meet the eligibility criteria for AARC membership above and possess the RRT credential from the NBRC or equivalent from the credentialing agency for the country they work or reside. They must have an license (if licensure is applicable) and/or be approved to work within the country they work/reside.
4. First term members of the AARC Board of Directors or Officers of the House of Delegates are not eligible.

## **Criteria:**

1. Must be nominated by at least two AARC members, one of which is required to be a Fellow of the AARC with membership in good standing.

2. Must have demonstrated national prominent leadership, influence and achievement in clinical practice, education or science.
3. Must possess documented evidence of significant contribution to the respiratory care profession and the AARC.

**Rules:**

1. All nominations for Fellow, and associated supporting documents, must be submitted online through the AARC website.
2. Upon receipt of a nomination, the Executive Office will confirm each nominee satisfies the minimum criteria for 10 consecutive years of AARC membership, and that each nominator continues to maintain eligibility to submit nominations for Fellow.
3. For those nominees not meeting the 10-year requirement, the nominator will be so informed and the nomination not accepted. Nominators not eligible to submit nominations will likewise be notified.
4. Deadline for receipt of nominations and all supporting documentation will be determined each year in which the nomination is to be considered or, by pronouncement, an earlier deadline as determined by the dates of the AARC's Annual Congress. Nominations not received by the established date will not be accepted.
5. The Fellowship Selection Committee, consisting of a Chair and up to six current Fellows appointed by the AARC President, will evaluate nominations annually.
6. Selection Committee members will be provided an electronic folder containing all accepted nominations and supporting documents in alphabetical order. Committee members will also receive a ballot to indicate which nominees they consider worthy of induction as a Fellow. Completed ballots will be returned to the Chair anonymously for final tabulation.
7. Committee members are to evaluate each nominee independently and make their determination based upon the contributions of the respective nominee to the profession, and most importantly, to the AARC. Committee members will not collaborate with anyone during the selection process.
8. Nominees receiving an affirmative vote from all committee members will be inducted as a Fellow of the AARC.
9. Nominees selected for induction will be formally notified upon completion of the selection process, with their nominators receiving a blind copy of the congratulatory letter.
10. An overriding goal of the Selection Committee is to minimize any embarrassment or discomfort to members not selected for induction. Therefore, for those nominees not selected, a letter so stating will only be sent to the nominators.



11. Once the final tabulation is completed, the results of the balloting for induction shall remain confidential and will not be subject to outside review or discussion.
12. New Fellows will be inducted during the Awards Ceremony held in conjunction with the annual AARC International Respiratory Congress.
13. Newly inducted Fellows will receive a pin, a certificate suitable for framing and will have their names added to the list of Fellows on the AARC website.
14. Upon induction, Fellows are expected to maintain their AARC membership in good standing.

### **Addendum**

1. Examples of profound and sustained contributions may include but are not limited to;
  - a. Specific evidence of outstanding contributions to the improvement of respiratory care at the national or international level or illustration of how regional impact demonstrates potential for national application.
  - b. Evidence includes but is not limited to documentation of the following:
    - i. Consistent outstanding contributions over time
    - ii. Contributions with significant, measurable impact
    - iii. Dissemination of important information about the contributions
    - iv. Substantive honors, awards, and recognition by AARC or affiliates
    - v. Adoption of research findings and/or innovations that guide changes in education, research, administration, policy, or respiratory care practice

# American Association for Respiratory Care Policy Statement

Policy No.: CT.010  
Page 1 of 3

SECTION: Committees

SUBJECT: International Affiliate

EFFECTIVE DATE: December 2017

DATE REVIEWED: December 2017

DATE REVISED:

REFERENCES: AARC Petition for International Affiliate; AARC Bylaws

## ***Policy Statement:***

In order to help fulfill the mission of the American Association for Respiratory Care (AARC) International Societies are encouraged to become affiliates of the AARC.

## ***Policy Amplification:***

To become an International Affiliate the international organization will:

1. Submit at least 20 international members (in good standing of the AARC). Good standing is defined at least 20 members who have paid their dues and have not had their membership revoked due to an ethics violation or misconduct.
2. Maintain a minimum number of 20 members or the affiliate risks losing this status.
  - a. The AARC Board of Directors will review the number of International Affiliate Members annually.
  - b. If an International Affiliate drops below the 20 member level, the AARC Board will notify the International Affiliate that they need to bring the number of members to 20 or more members within six (6) months of the notification.
  - c. Failure to bring the number of members to the minimum number will lead to the suspension or revocation of the affiliate status.
3. Ensure compatibility of The International Affiliate Bylaws with the AARC's objectives and format (see below: **AARC Bylaws relating to International Affiliates**).
4. Submit a petition (**Petition American Association for Respiratory Care**) (see below) to the Chartered Affiliates Committee in care of the Executive Office. The following individuals should also be copied on this communication: the AARC Executive Director and the Foundation and Grants Manager.

# American Association for Respiratory Care Policy Statement

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## American Association for Respiratory Care Petition for International Affiliate

Date \_\_\_\_\_

We, the undersigned Associate-International members of the American Association for Respiratory Care in good standing, hereby petition the AARC Board of Directors to approve an International Affiliate in the name of:

\_\_\_\_\_

We further petition that the territorial jurisdiction of the newly organized group, if granted International Affiliate status, be approved as encompassing the entire country of:

\_\_\_\_\_

Copies of the following documents are also submitted as required: statement from existing affiliate relinquishing proposed territory (if applicable), proposed Bylaws for approval or recommendations, a list of officers, board members, etc., with addresses, a list of the members employed within the proposed territory, petition(s) for the medical advisor(s) for approval, minutes of the organizational meetings, and a map outlining the proposed affiliate boundaries with the proposed districts.

### Petition Signatures

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attest: Submitted By:

\_\_\_\_\_  
(medical advisor) (secretary)

\_\_\_\_\_  
(affiliate president) (date)

# **American Association for Respiratory Care Policy Statement**

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## **AARC Bylaws relating to International Affiliates**

### **ARTICLE XI – INTERNATIONAL AFFILIATES**

#### **SECTION 1. REQUIREMENTS**

Twenty (20) or more Foreign Members in good standing of the Association meeting the requirements for affiliation may become an International Affiliate of the Association upon the affirmative recommendation of the Chartered Affiliates Committee, and approval by the Board of Directors of the Association.

#### **SECTION 2. INTERNATIONAL AFFILIATE ADMISSION PROCEDURE**

The formal application for International Affiliate status shall be sent to the Executive Office of the Association and shall consist of a list of officers, membership, minutes of the organizational meeting, the Bylaws, and a letter requesting approval of the proposed medical advisor or advisors.

#### **SECTION 3. INTERNATIONAL AFFILIATE MEDICAL ADVISOR**

Each International Affiliate shall have one (1) or more medical advisors whose name(s) shall be submitted to the Board of Medical Advisors.

#### **SECTION 4. SUSPENSION OR REVOCATION OF INTERNATIONAL AFFILIATE STATUS**

- a. The Board of Directors of the Association may suspend or revoke the International Affiliate status with due and sufficient cause or upon the failure of an affiliate to maintain a membership of at least twenty (20) Foreign Members.
- b. Action for the suspension or revocation of International Affiliate status shall follow approved Association policy and procedure.

# American Association for Respiratory Care Policy Statement

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Policy No.: FM.001

SECTION: Fiscal Management

SUBJECT: Accounting Systems

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: March 2009

DATE REVISED:

## REFERENCES:

### ***Policy Statement:***

The Board of Directors shall require the application of appropriate accounting systems and internal auditing procedures.

### ***Policy Amplification:***

1. The accounting systems and internal auditing procedures shall provide for the timely and accurate assessment of the budgetary and business operations of the Association.
2. Financial statements shall be:
  - A. Prepared in compliance with generally accepted accounting principles (GAAP)
  - B. Issued in a timely manner to the Board of Directors.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: FM.002

SECTION: Fiscal Management

SUBJECT: **Annual Independent Audit**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: July 2014

DATE REVISED: October 2014

**DATE DELETED** October 2014

REFERENCES: **NOW COMBINED W FM.018**

***Policy Statement:***

The Association shall require an annual independent audit of its fiscal operations.

***Policy Amplification:***

1. The Board of Directors shall, with the advice of its business counsel, be responsible for selecting a qualified auditing firm.
2. The independent auditor's report shall be made available to the membership in a manner deemed appropriate by the Board of Directors.
3. Rotate the managing partner every three to four years, and share all policies with the Audit Committee that pertain to the Audit Committee.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: FM.003

SECTION: Fiscal Management

SUBJECT: **Annual Budget**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: March 2009

DATE REVISED:

## REFERENCES:

### ***Policy Statement:***

The budgetary process shall include appropriate approval processes and reviews.

### ***Policy Amplification:***

1. The Association Annual Budgets submitted to the Board of Directors and House of Delegates for approval shall provide supplemental verification that major expenses conform to the approved Strategic Plan of the Association.
2. Annual Budget reviews shall:
  - A. Be presented to the Finance Committee with subsequent presentation to the Board of Directors.
  - B. Provide a detailed budget performance assessment with respect to the Association's Strategic Plan.
3. The Annual Budget shall be approved by the House of Delegates and Board of Directors prior to implementation.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

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Policy No.: FM.004

SECTION: Fiscal Management

SUBJECT: **Transfer of Assets**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: December 2006

DATE REVISED: December 2006

## REFERENCES:

### ***Policy Statement:***

The President, Secretary-Treasurer, and Executive Director shall be authorized to transfer assets between the Association and its subsidiary.

### ***Policy Amplification:***

1. The transfer of assets shall be presented to the Finance Committee, with subsequent ratification of the Board of Directors.

## DEFINITIONS:

## ATTACHMENTS:



# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: FM.005

SECTION: Fiscal Management

SUBJECT: **Independent Auditors and Audit Subcommittee**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: July 2014

DATE REVISED: October 2014

DATE DELETED: October 2014

REFERENCES: **NOW COMBINED W FM.018**

***Policy Statement:***

The Association shall, to the best of its ability, acknowledge and heed the findings and recommendations of its independent auditors and the Audit subcommittee of the Finance Committee.

***Policy Amplification:***

1. The independent auditor shall:
  - A. Report its findings to the Audit subcommittee of the Finance Committee and the Board of Directors on an annual basis
  - B. Provide an annual Memorandum of Advisory Comments aimed at improving financial performance and reporting
2. The Board of Directors shall take appropriate action on the recommendations of the Audit subcommittee of the Finance Committee.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: FM.006

SECTION: Fiscal Management  
SUBJECT: **Capital Equipment Fund**  
EFFECTIVE DATE: December 14, 1999  
DATE REVIEWED: December 2006  
DATE REVISED: December 2006

## REFERENCES:

### ***Policy Statement:***

The Capital Equipment Fund shall be administered in a manner consistent with acceptable accounting and legal practices.

1. Contributions to the capital equipment fund shall be made perennially, based on \$1.00 of contribution for every \$4.00 of budgeted capital equipment depreciation expense.
2. Contributions shall be treated as a Board restriction of unrestricted net assets.
3. The Board restriction shall be reduced as funds are expended for capital equipment.

## DEFINITIONS:

## ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

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Policy No.: FM.007

SECTION: Fiscal Management

SUBJECT: **Change in Membership Classification**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: December 2008

DATE REVISED:

## REFERENCES:

### ***Policy Statement:***

Association members in good standing who request and receive approval for a change in membership classification shall be granted a credit in the amount of the unused portion of their prepaid dues for the former membership classification to be applied to the payment of dues for the new membership classification.

### ***Policy Amplification:***

1. Requests for changes in membership classification shall be approved by the Membership Department of the Executive Office, in collaboration with the Associate Executive Director.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: FM.008

SECTION: Fiscal Management

SUBJECT: **Contribution Solicitation**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: December 2008

DATE REVISED:

## REFERENCES:

### ***Policy Statement:***

All solicitations for contributions shall be submitted to the Board of Directors for approval.

### ***Policy Amplification:***

1. All Solicitations for support, equipment, or funding shall be submitted to the Board of Directors in advance of the event, irrespective of the purposes to which the solicitations may be applied.
2. No individual member or group shall use any officially sanctioned forum of the Association (e.g., Committees, Specialty Section meetings, Summer Forum, International Congress) for the purpose of soliciting contributions without prior written permission of the Board of Directors.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: FM.009

SECTION: Fiscal Management  
SUBJECT: **Employee Profit Sharing**  
EFFECTIVE DATE: December 14, 1999  
DATE REVIEWED: December 2008  
DATE REVISED:

## REFERENCES:

### ***Policy Statement:***

The Executive Director shall serve as the administrator of the employee profit sharing plan.

### ***Policy Amplification:***

1. The Executive Director shall not be a participant in the employee profit sharing plan.
3. The amount of money disbursed by the employee profit sharing plan shall be no more than ten percent (10%) of the profit noted in the year-end audited income statement.
4. The amount of employee profit sharing shall be determined after the independent auditing firm has confirmed the fairness of the financial statements, and all audit adjustments have been recorded.

## DEFINITIONS:

## ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: FM.010

SECTION: Fiscal Management

SUBJECT: **Fiscal Year**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: December 2008

DATE REVISED:

## REFERENCES:

### ***Policy Statement:***

The Association's Fiscal Year shall commence on January 1 and end on December 31.

### ***Policy Amplification:***

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: FM.011

SECTION: Fiscal Management

SUBJECT: **Investments & Banking**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: December 2008

DATE REVISED:

## REFERENCES:

### ***Policy Statement:***

The Association's Executive Office shall serve as the official clearinghouse and collection agency for all monies received and paid by the Association.

### ***Policy Amplification:***

1. The Executive Office shall handle collection on bad checks.
2. Signatures for Association bank accounts shall be that of the Executive Director and three (3) other members of the senior Executive Office staff.
3. The Executive Director shall select three (3) members of the senior Executive Office staff to be signatories.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: FM.012

SECTION: Fiscal Management  
SUBJECT: **Over-budget Expenditures**  
EFFECTIVE DATE: December 14, 1999  
DATE REVIEWED: December 2008  
DATE REVISED:

## REFERENCES:

### ***Policy Statement:***

Recommendations which would incur over-budget expenditures shall be appropriately reviewed and acted upon.

### ***Policy Amplification:***

1. The Secretary-Treasurer shall present all recommendations which would incur over-budget expenditures to the Finance Committee prior to the Board of Directors' meeting at which those recommendations will be considered.
  - A. The Finance Committee shall consider such recommendations and formulate a recommendation for the Board of Directors.
2. The Secretary-Treasurer shall present the Finance Committee's recommendation to the Board of Directors.
3. The Board of Directors shall take appropriate action on all recommendations which would incur over-budget expenditures.

## DEFINITIONS:

## ATTACHMENTS:



# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: FM.013

SECTION: Fiscal Management

SUBJECT: **Fiscal Policies and Procedures**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: December 2008

DATE REVISED:

## REFERENCES:

### ***Policy Statement:***

The Board of Directors shall establish, maintain, and with periodic regularity evaluate, fiscal policies and procedures.

### ***Policy Amplification:***

1. The Association's fiscal policies and procedures shall guarantee the fiscal integrity of the Association.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: FM.014

SECTION: Fiscal Management

SUBJECT: **Project Funding**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: December 2008

DATE REVISED:

## REFERENCES:

### ***Policy Statement:***

All project proposals submitted to the Board of Directors for approval shall include appropriate fiscal qualifications.

### ***Policy Amplification:***

1. All recipients shall be required to submit a quarterly activities update and financial report to the Executive Director.
2. The Finance Committee shall review each funded project on a quarterly basis.
2. Funding for all projects approved by the Board of Directors shall end on December 31<sup>st</sup> of the calendar year.
4. Continued project funding shall require approval by the Board of Directors.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: FM.015

SECTION: Fiscal Management

SUBJECT: **Approval of Budget**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: April 2013

DATE REVISED: July 2005

## REFERENCES:

### ***Policy Statement:***

The annual budget for the Association shall be reviewed and approved in a manner consistent with the Bylaws and the Corporate Charter.

### ***Policy Amplification:***

1. Annually, at the fall meetings of the Board of Directors and House of Delegates, the Secretary-Treasurer and President-elect shall present the proposed revenue and expense budget for the succeeding fiscal year of the Association.
  - A. Following discussion in this forum, both bodies must approve the Budget for its implementation.
2. The Board of Directors and the House of Delegates shall receive and review the budget in Executive Session due to the proprietary nature of the information.

## DEFINITIONS:

## ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 4  
Policy No.: FM.016

SECTION: Fiscal Management

SUBJECT: **Travel Expense Reimbursement**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: October 2017

DATE REVISED: October 2017

REFERENCES: TR: 0397- 1997

## ***Policy Statement:***

Expenses incurred for all official Association travel shall be reported, recorded, and reimbursed in accordance with Association policy.

## ***Policy Amplification:***

1. Association policy for Travel Expense Reimbursement shall apply to all Association employees, directors, consultants and authorized individuals conducting official AARC business.
  - A. Travel expense reimbursement shall not be provided for representatives to external organizations unless approved in advance by the President with subsequent review by the Finance Committee and ratification by the Board of Directors.
2. All persons requesting reimbursement for expenses incurred for Association business shall report those expenses:
  - A. Using an approved Expense ~~Voucher~~ Report Form with valid receipts attached.
  - B. Within sixty (60) days of when expenses are incurred and/or within the same fiscal year. Expense reports submitted outside of these windows will not be reimbursed.
3. Reimbursement for travel/transportation shall be as follows, with the provision of valid receipts:
  - A. Travel arranged through an AARC-authorized travel agency no less than three weeks in advance of departure date. AARC Board of Directors and House of Delegate Officers are encouraged to utilize the travel agency for all travel to the Summer and Fall meetings.

## **OR**

- B. Round-trip, coach class airfare. As a courtesy to the business traveler, the AARC will reimburse up to an additional \$100 (maximum) above the lowest available day

# American Association for Respiratory Care

## Policy Statement

Page 2 of 4  
Policy No.: FM.016

fare to accommodate preferences for direct flights, more flexible travel times and/or preferred airlines. The business traveler is responsible for any costs in excess of \$100. If there is a difference to be paid, the travelers must purchase the ticket themselves and apply for reimbursement per policy. Reimbursement will be issued minus the difference.

- C. In the event the airline ticket is pre-purchased by the AARC or through the travel agency and the business traveler cancels their travel prior to the departure date, the AARC and/or travel agency will seek a full refund. If a full refund is not possible, but a partial refund is issued, it must be used for future AARC travel purposes.
  - D. The Executive Office will establish an airline threshold (in dollars) at the onset of each calendar year. For individuals opting to purchase their own airline tickets, they must first seek approval from a designated executive office staff member prior to purchase for any fares exceeding that threshold.
  - E. Airport parking and least expensive ground transportation
  - F. Other methods of transportation (rail, automobile, bus, road tolls, parking), singularly or in any combination, shall be reimbursed at a total rate not to exceed the lowest day airfare available.
  - G. Automobile travel shall be paid at the current Internal Revenue Service (IRS) rate that is in effect at the time of the annual budget process (usually October of each year).
4. Reimbursement for lodging shall be as follows, with the provision of valid receipts:
- A. Lodging will be reimbursed at 100% (inclusive of room night and sales tax). AARC business travelers are asked to be fiscally responsible when selecting hotel brand.
  - B. Lowest possible rate for those nights required for Association business. Room/suite upgrades will not be reimbursed and will be paid at the expense of the business traveler.
5. Reimbursement for registration fees shall be as follows, with the provision of valid receipts:
- A. When necessary, advertised registration or admittance fees to programs attended on Association business shall be reimbursed at the fee stated on the program announcement. AARC business travelers are encouraged to take advantage of “early bird” registration fees if offered.
6. Per diem shall be-paid in accordance with AARC policy.
- A. Per diem is meant and expected to cover expenses other than actual travel and lodging (e.g. meals, gratuities)
  - B. Personal expenses incurred while on official Association travel shall not be eligible for reimbursement from the Association.

# American Association for Respiratory Care Policy Statement

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Policy No.: FM.016

- C. The AARC acknowledges that volunteers and employees traveling to conduct AARC business are often times leaders within their own institutions and have a commitment to their employer to stay “connected” at all times. As such, the AARC will reimburse for basic sleeping room Internet accessibility in hotels where it does not come complimentary.

7. Advance payment of per diem shall be made in compliance with Association travel reporting requirements and only with advance written approval from:

- A. The President for the voluntary sector of the Association
- B. The Executive Director for Association employees
- C. Exceptions to the above requirements for advance per diem shall be:
  - i. Regularly scheduled Board of Directors’ meetings
  - ii. Regularly scheduled Executive and Finance Committee meetings
  - iii. Regularly scheduled House of Delegates meetings (officers only)
  - iv. Travel for official Association representation to external organizations
  - v. AARC Program Committee (Program Committee Meeting & Congress)
  - vi. Section chairs at AARC Congress
  - vii. Sputum Bowl committee members at Congress
  - viii. In considerations that select AARC staff members and AARC President/Past-President are often times in attendance at corporate functions/receptions that include food, all authorized directors and executive staff members in possession of an AARC credit card will not receive per diem and instead will charge meal expenses to their credit card.

8. International travel shall be reimbursed at actual expense, with receipts required for any expense of \$50.00 or more, to include the following:

- A. Coach class airfare
- B. Business class airfare will be authorized for all international flights exceeding 3,000 miles.
- C. Least expensive ground transportation
- D. Lodging
- E. Meals
- F. Internet

9. Expenses incurred by the President incidental to executing the duties and responsibilities of that office shall be:

- A. Paid by the Association in accordance with this policy
- B. Monitored by the Finance Committee
- C. Subject to review by the independent auditors

# **American Association for Respiratory Care Policy Statement**

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Policy No.: FM.016

10. All individuals traveling at Association expense shall notify the Executive Office in advance of the intended travel.

- A. The Executive Office may act as the Association's travel agent and schedule advance transportation and lodging.
- B. The Executive Office may direct individuals to purchase tickets on their own.
- C. The Executive Office may review and approve the travel plans made by the individuals

11. All public transportation (e.g., airfare, bus fare) not purchased through the Association's designated travel agency shall be reimbursed at a fee up to, but not exceeding, the fee that would have been charged by the Association's travel agency.

12. Board meeting expenses

- A. Travel, lodging and meal expenses for the Spring and Summer meetings will be reimbursed for all officers and directors using the criteria established above.
- B. At the Fall meeting held in conjunction with the annual AARC convention, the following special policies will apply to directors that are either incoming or outgoing that year:
  - i. Incoming director required to attend new board meeting only (usually last day of convention)
    - 1. Airfare reimbursed according to the policy point 3 above.
    - 2. Lodging and per diem reimbursed according to the policy points 4 & 5 above, respectively, for four nights only.
  - ii. Outgoing directors
    - 1. Airfare reimbursed according to the policy point 3 above.
    - 2. Lodging and per diem reimbursed according to the policy points 4 & 5 above, respectively, for up to a maximum of four nights.
- C. Convention registration--The AARC will pay for such registration as follows:
  - i. Current and outgoing directors --- Full registration
  - ii. Incoming directors--- Full registration
  - iii. House of Delegates Officers --- Full registration

DEFINITIONS: "Valid receipt" includes original receipts from the travel/other provider. Reproductions of receipts shall not be accepted.

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: FM.017

SECTION: Fiscal Management

SUBJECT: **Presidential Stipend**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: November 2013

DATE REVISED: March 28, 2008

## REFERENCES:

### ***Policy Statement:***

The Association shall, in accordance with the following policy amplification, grant the sum of \$25,000 to the Association President's employer for each year in office.

### ***Policy Amplification:***

1. The intent of this stipend shall be:
  - A. As partial reimbursement for the loss incurred by the President's employer as a result of the President's commitments to the Association
  - B. To reduce the financial obstacles relevant to the President's employer during the President's term of office
  - C. To recognize the President's employer for supporting the President's commitment to the Association
2. This stipend shall be:
  - A. Included as a line item in the President's section of the Annual Budget
  - B. Paid on a quarterly basis

DEFINITIONS:

ATTACHMENTS:



# American Association for Respiratory Care Policy Statement

Page 1 of 2  
Policy No.: FM.018

SECTION: Fiscal Management

SUBJECT: **Audit and Oversight Standards**

EFFECTIVE DATE: April 1, 2004

DATE REVIEWED: July 2014

DATE REVISED: October 2014

REFERENCES: Includes Policies FM.002, FM.005

## ***Policy Statement:***

1. The Board of Directors and the Audit Subcommittee will review and direct the overall external audit process of the AARC.
2. The Audit Subcommittee is composed of members from the Executive Committee and officers of the House of Delegates (HOD). AARC staff and management ~~do~~ cannot serve as members.
3. The Board of Directors and HOD officers are not part of management of the AARC nor do they receive any compensation from the AARC.
4. A full independent audit will be conducted annually by an outside auditor. The Board of Directors shall, with the advice of its business counsel, be responsible for selecting a qualified auditing firm.
5. The Audit Subcommittee shall review all policies pertaining to the audit committee and meet with the outside auditors to review the audit and recommend its approval to the Board of Directors.
6. The independent auditor's report shall be made available to the membership in a manner deemed appropriate by the Board of Directors.
7. The Association shall, to the best of its ability, acknowledge and heed the findings and recommendations of its independent auditors and the Audit subcommittee of the Finance Committee.
8. Every five years the Audit Subcommittee should consider retaining the current partner or request obtaining another audit partner to be considered for rotation.
9. The Board of Directors and HOD officers must have a conflict of interest policy with disclosure.
10. The AARC will not provide personal loans for its directors or executives.
11. The AARC must develop and adopt a formal process to deal with complaints from employees and prevent retaliation.
12. The AARC will have a written, mandatory document retention and periodic destruction policy.

# American Association for Respiratory Care Policy Statement

Page 2 of 2  
Policy No.: FM.018

## ***Policy Amplification:***

1. The independent auditor shall:
  - a. Report its findings to the Audit subcommittee of the Finance Committee and the Board of Directors on an annual basis.
  - b. Provide an annual Memorandum of Advisory Comments aimed at improving financial performance and reporting.
2. The Board of Directors shall take appropriate action on the recommendations of the Audit subcommittee of the Finance Committee.
3. Orientation of the Board members should include financial training related to the organization.
4. Auditing firms should not be used to provide non-auditing services (except for tax preparation) while the firm is conducting auditing services.
5. A confidential and anonymous mechanism to encourage employees to report any inappropriateness within the entity's financial management should exist.
  - a. A member of the executive office staff can report fiscal inappropriateness to the Executive Director of the AARC. He or she can also report this to the President of the Board of Directors.
  - b. A member of the Board of Directors can report fiscal inappropriateness to the Executive Director.
6. The document retention policy should include guidelines for handling electronic files and voicemail messages as well as paper documents.
7. Forms 990 or 990-PF should be filed electronically to the IRS, in a timely and accurate manner.

***Reference:*** The Sarbanes-Oxley Act and Implications for Nonprofit Organizations, 2003BroadSource and Independent Sector, [www. broadsource.org](http://www.broadsource.org)

DEFINITIONS:

ATTACHMENTS:

# **American Association for Respiratory Care Policy Statement**

Page 1 of 1  
Policy No.: FM.019

SECTION: Fiscal Management

SUBJECT: **Fiscal Policies – Investments**

EFFECTIVE DATE: July 2005

DATE REVIEWED: July 2013

DATE REVISED: July 2013

REFERENCES: FI.0786

## ***Policy Statement:***

The AARC shall continue to take a conservative approach to future investment policy based on current and projected economic trends.

## ***Policy Amplification:***

1. The investment policy for the AARC is a 40-60% asset allocation range to debt instruments and a 40-70% asset allocation range to equities with no investment related to the tobacco industry being allowed. A Return on Investment (ROI) of 2% over the Consumer Price Index (CPI) shall be the long-term goal.

DEFINITIONS:

ATTACHMENT

**AARC**  
**INVESTMENT POLICY AND PROCEDURES**  
**(Revised JULY 2013)**

The Executive Director has been delegated by the Board of Directors the authority for management of the AARC's cash funds. Such investments must be carried within the guidelines provided herein which have been reviewed and approved by the Board of Directors.

**Policy Statement**

Maximum utilization of Association assets is a primary objective of the Board of Directors. Cash balances represent an available asset that, when effectively managed can contribute to the overall goal of providing services at reasonable costs. Although the investment of cash on either a short or intermediate term basis is not AARC's principal activity, it is the nature of business operations that there will be excess funds available. The objective of the investment guidelines contained herein is to allow the AARC to maximize its return on cash balances while operating within established limitations that will minimize the risk of financial loss.

A matter of primary importance in determining the application of excess cash is ensuring that funds will be available to meet upcoming cash requirements. This can be achieved through the anticipation of cash needs by preparing projections of cash flow. The Executive Office is responsible for the preparation of such projections. However, their accuracy depends on the cooperation and awareness of all directors, officers, committee chairs, etc. All departments should, on a timely basis, provide the Executive Director with any information regarding contractual obligations or other types of arrangements that will significantly affect cash flow.

An additional consideration in the management of cash balances is alternative uses of cash, such as early debt retirement and early payment on accounts in order to receive cash discounts. It is the AARC's position that decisions involving alternative uses of funds will be based on an evaluation and comparison of economic benefits to the Association. After an evaluation, it may dictate that these alternative uses may be more attractive investment alternatives. Generally, in such cases, these alternatives should be pursued. However, should early debt retirement become economically attractive, implementation would require the prior approval of the Board of Directors.

**Investment Guidelines**

In order to minimize the risk of loss to cash balances, it is necessary to determine levels of risk that are compatible with overall management philosophy. Based on this determination, guidelines can be established for use in the investment of funds. The guidelines set out below establish not only the types of investments that are acceptable, but also limitations on the amount of any one of those investments that may be held at any point in time. All investments of Association cash shall fall within the following guidelines:

- Fixed income-type investments
  - **Range \*\*** : 40-60% of entire portfolio; Optimum allocation: 45%
  - In addition, within the fixed income range above, the following investment sub-categories will be consider acceptable:
    - Corporate Fixed Income Securities
    - Government Fixed Income Securities
    - Foreign Fixed Income Securities

- Short term
  - Intermediate
  - Long term
- Acceptable investments (in no order of importance / use):
  - Bank CD's (FDIC insured ONLY), maximum in any one institution: \$100,000
  - Repurchase agreements collateralized by government securities
  - Bankers Acceptances
  - Federal government or government agency securities
  - Corporate commercial paper with an S & P rating of A-1 or Moody's rating of P-1
  - Money market accounts trading at \$1.00 / unit and comprised of the above type securities
  - Corporate bonds with a rating of no lower than "BBB" by S&P or "Baa " by Moody's.
    - Bond maturities may be staggered over a 10 year period with the average maturity not to exceed 5 years.
    - No one bond may comprise more than 7% of the total fixed income portfolio
  - Bond mutual funds
    - Must be primarily comprised of the above type of investments and
    - Must be judged to be of high quality by considering:
      - S&P or Moody's ratings
      - Past earnings records
  - May include so-called high yield or "junk bonds" (rated below "BBB" by S&P or "Baa " by Moody') but they may not comprise more than 7% of the total BOND PORTFOLIO.
- Equity investments
  - **Range\*\*** : 40-70% of entire portfolio; Optimum allocation: 55%
  - In addition, within the Equity range above, the following investment sub-categories will be consider acceptable:
    - Small Cap--growth
    - Small Cap--value
    - **Mid Cap—growth**
    - **Mid Cap--value**
    - **Large Cap--growth**
    - **Large Cap--value**
    - **Foreign (ALL)**
  - Single issues---Any stock EXCEPT those that are:
    - A Penny Stock (i.e. trading for less than \$1 via OTC (pink sheets))
    - Highly speculative, for example:
      - Be trading with unusually high P/E ratios...50-75++ or
      - Have little or no history of any earnings
  - Stock Mutual funds must be:
    - Primarily comprised of the stock issues allowed for above and
    - Judged to be of high quality by considering:
      - S&P or Moody's ratings
      - Past earnings records / future growth
      - Fund manager experience and track record

**\*\* - From time-to-time, due to market conditions, operating cash needs or other circumstances, cash may be held in the investment portfolio that is not invested in securities. Compliance with the Fixed Income or Equity Investment percentages above is to be calculated WITHOUT considering such cash held in money market or other similar very short-term accounts.**

- No investment in any security that is related to the tobacco industry is permitted. **However, it is acknowledged that mutual funds, by their very nature, may have amounts invested in tobacco-related securities that may be very difficult or virtually impossible to easily determine. Nonetheless, such funds will still be reviewed periodically (1-2 times a year) and if it is seen that they have invested in tobacco-related securities, they will be divested.**
- No one equity security issue shall comprise more than 5% of the total equity portfolio and no one sector shall comprise more than 15% of the total equity portfolio.
- Alternative investments
  - No more than 5% of portfolio
    - Options, derivatives, future contracts, REITs
      - Range: no more than 2.5% of entire portfolio
      - Each trade must be approved by AARC CEO
    - Real Estate
      - Range: no more than 2.5% of entire portfolio
      - Each purchase must be approved by AARC CEO

### **Implementation.**

In implementing the cash management program, the following minimum objective must be retained:

1. Achieve maximum yields on invested funds while insuring reasonable protection of principal.
2. A return on investment / benchmark goal of 2% over the annual Consumer Price Index shall be the long-term (3-5 years) goal

The employment of outside investment counsel may be considered when implementing a part or all of this cash management program. Such professional service must be bound by these same guidelines while undertaking their investment management role. Adequate accounting procedures must be developed, implemented and continually exercised. These procedures will insure adequate forward cash planning, proper controls over transfers of cash, establishment of maturity dates, recording and receipt of interest income and maintenance of individual accounting records for each investment.

All Association held negotiable instruments must be controlled using external safekeeping facilities. Access will be limited and must require a minimum of two appropriately designated representatives.

### **A Quarterly Investment report will be sent to the AARC's Executive Committee and show:**

- **Investment balances at cost and market**
- **Investments at market segmented by investment type (stocks, bonds, etc.)**
- **Investment performance (ROI, dividends, gains and losses)**
- **Compliance with Range percentage guidelines, above**

Any material deviation from these guidelines and their implementation procedures must be submitted to and approved by the Board's Finance Committee.

# American Association for Respiratory Care Policy Statement

Page 1 of 4  
Policy No.: FM.020

SECTION: Fiscal Management

SUBJECT: **Guidelines for the Funding of State Legislative & Regulatory Activities**

EFFECTIVE DATE:

DATE REVIEWED: July 2015

DATE REVISED: July 2015

REFERENCES: FA0486

## ***Policy Statement:***

State Societies may request funding to supplement efforts undertaken by the society to support or oppose legislation, regulations or state policy that can adversely impact or enhance the profession of respiratory therapy. Occasionally these efforts require the expertise of contracted lobbyists or assist in covering the costs that state society leadership assumes in mounting a response. These costs can become excessively burdensome on the budget of the state society, thus triggering the request for the AARC grant/loan.

The state society requesting funds must provide the Government Affairs Committee, State Co-Chair (GAC) with the following documentation.

## ***Policy Amplification:***

### **1. Requirements of State Societies:**

- A. The state society requesting funds must provide the State Co-Chair of the AARC Government Affairs Committee (GAC) the following:
  - 1) A letter signed by the state society president stating the reason for the request. Requests for funding may be made before the legislative/regulatory/policy process is initiated, while the legislative/regulatory process is taking place or after enactment or implementation of the legislative/regulatory/policy initiative. Passage or implementation of the initiative, however, will not assure AARC funding.
  - 2) A complete financial statement shall be submitted and shall include the state society's total current assets and liabilities. The current year's budget as approved by the state society's Board of Directors shall also be submitted for review. A financial plan for the requested funds shall also be submitted.

## **American Association for Respiratory Care Policy Statement**

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- 3). A most current draft of the legislation or proposed regulation or policy.
- 4) A written response to include supporting documentary to each statement found in the “Criteria for State Society’s Seeking Funding from the AARC for Legislative Initiatives” be submitted under the signatures of the state society’s president.

### **2. Responsibilities of the AARC Government Affairs Committee (GAC)**

- A. Upon receipt of the state society’s request for funding the State GAC Co-Chair shall:
  - 1) Distribute the state society’s letter of request and supportive information to the members of the State GAC who shall:
  - 2). Review the legislation/regulation/policy utilizing the AARC Evaluation Form.
- B. Review and evaluate the supportive documentation provided by the state society utilizing the: AARC Funding Recommendation Report”.
- C. If necessary conduct conference calls with the GAC State committee members to discuss the evaluations and generate a consensus option.
- D. Request additional information from the state society where it is required.
- E. The State GAC Co-Chair will tabulate the votes from the committee members, for or against approval. A simple majority carries the vote.
- F. Formulate a recommendation for funding and submit the recommendation to the AARC President and Board of Directors.
- G. The AARC Board of Directors will have final approval of the grant/loan application and will have the right to determine the final dollar amount to be disbursed.



# American Association for Respiratory Care Policy Statement

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## 3. Methodology for Disbursement of Funds:

- A. The State GAC Co-Chair funding recommendation presented to the AARC President and Board shall take into consideration the state society's
  - 1) Total current assets and current liabilities.
  - 2) Expected revenues and disbursements per the state society's budget.
  - 3) The amount of money the state society has spent to date on its legislative/regulatory/policy effort.
  - 4) Consistency of the state society's position with AARC policy, position and standards. The AARC President, AARC Executive Committee, in consultation with the Executive Office, will determine if the legislative/regulatory/policy content merits financial support.
  - 5) State Society preparation to mount a response to the legislative/regulatory/policy initiative.
- B. The State GAC Co-Chair recommendation shall be based, whenever possible, on the concept that AARC funding shall match the funds the state society has allocated and/or spent on its legislative effort.
- C. Affiliates requesting funding shall only specify the amount required. Funds will be allocated on a 60% grant and a 40% no interest loan basis (e.g., \$2,000 requested = \$1,200 grant and \$800 loan). The maximum request may not exceed \$10,000.
- D. The disbursement of funds shall:
  - 1) Generally the full amount of the allocation be disbursed to the state society as soon as is practically possible AFTER AARC Board approval and implementation of the contract described in b) below
  - 2) Be contingent upon issuance and acceptance by both parties of a contract, memorandum or agreement stating terms and conditions relating to the allocation of funds. Terms shall include
    - i. Repayment of the loan portion of the allocated funds will commence within six months following the initial disbursement of the funds to the society by AARC.

# **American Association for Respiratory Care Policy Statement**

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Policy No.: FM.020

- ii. Presentation of invoices by the society to the AARC executive Office (Controller) supporting the Society's expenditures within six months of the AARC's funds disbursement. If invoices are not presented within such six months after AARC disbursement, any "Excess Disbursement" (Defined as monies received by the State Society from AARC which are not supported by invoices presented) must be immediately returned to the AARC and the loan repayment terms will be adjusted accordingly. Extension of this six month period for extenuating circumstances may be granted by the Executive Office.
- iii. Provision for loan repayment via Society Revenue Sharing withholding on any loan payment that is delinquent for more than 60 days.
- iv. Depending on the circumstances other terms of repayment may be established by the AARC Executive Office and the AARC Controller as well.

- E. It is expected that the aforementioned shall serve as guidelines which will be applied consistently. However, unusual circumstances may require waiver of some elements. When an element is waived, the State GAC Co-Chair shall provide reasonable cause for such exception.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: FM.021

SECTION: **Fiscal Management**

SUBJECT: **Outstanding Affiliate Checks**

EFFECTIVE DATE: July 2007

DATE REVIEWED: March 2018

DATE REVISED: March 2018

## REFERENCES:

### *Policy Statement*

Periodically, but at least twice a year, AARC shall perform the following procedure for old outstanding checks:

- Obtain the most recent list of all checks issued but still outstanding (i.e. not cleared the bank) for at least six months.
- Attempt to contact the Payee via mail or email to seek information and possible direction in terms of clearing and / or re-issuing the old check.
- Given better information is received, the original check shall be voided and be re-issued less a reasonable fee for handling the stop payment fee on the original check.
- If the payee is still unreachable after several attempts, records shall be maintained for the outstanding item and it shall disposed of as current law allows.
- Starting in 2018, all affiliates are able to enroll in direct deposit for revenue sharing.

## DEFINITIONS

## ATTACHMENTS

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: FM.022

SECTION: **Fiscal Management**  
SUBJECT: **Capital Purchase Approval**  
EFFECTIVE DATE: July 2007  
DATE REVIEWED: October 2017  
DATE REVISED: October 2017

## REFERENCES:

### *Policy Statement*

Capital expenditures are those spent on asset items exceeding \$5,000 and providing value for a year or more. In purchasing such, the following approval procedures shall be in effect:

- Any capital expenditure for \$10,000 or less may be purchased with the express approval of the AARC Executive Director. Such must be subsequently ratified by the AARC Board at the next available meeting.
- Any capital expenditure for more than \$10,000 must be presented to and approved by the AARC Board BEFORE funds are committed. Purchases cannot be split to avoid this approval level process.
- Capital purchases exceeding \$10,000 (but not more than \$40,000) that are required due to emergency circumstances (i.e. air conditioning units) may be purchased with the approval of the AARC Executive Director and concurrence by the AARC President. Such also must be subsequently ratified by the AARC Board at the next available meeting.

# American Association for Respiratory Care Policy Statement

Page 1 of 3  
Policy No.: FM.023

SECTION: **Fiscal Management**

SUBJECT: **Liquidity Management**

EFFECTIVE DATE: July 2019

DATE REVIEWED:

DATE REVISED:

REFERENCES:

*Policy Statement*

*Policy Amplification:*

## A. PURPOSE

The Organization's Board of Directors (Board) desires to establish a liquidity management policy. This policy serves an important governance function by identifying sources of liquidity, establishing and assigning responsibilities for managing the Organization's liquidity needs, outlining the Organization's philosophy on liquidity management, and providing a framework for utilization of financial assets available within one year of balance sheet date.

## B. SCOPE

Within the context of this document, liquidity is defined as cash and cash equivalents, liquid investment balances, access to cash (e.g., lines of credit, letters of credit), and the convertibility of assets to cash in order to meet operating and financial needs during the operating cycle. The Liquidity Management Policy is meant to work in conjunction with the Board-approved Debt, Internal Bank, Investment, and other policies that impact financial risk management.

## C. OBJECTIVE

- 1) Outline the Organization's philosophy for optimum liquidity management,
- 2) Define the Organization's primary objective for liquidity management, and
- 3) Identify a framework for utilization of financial assets available within one year of balance sheet date.

## D. PHILOSOPHY

- a. Optimal liquidity management will align financial decisions with the Organization's mission and will consider the following:
- b. Does the action align to the Organization's mission?
- c. What is the overall level of financial health?
- d. Are resources sufficient and flexible enough to support the mission?
- e. Does financial asset performance support the strategic direction?
- f. Do operating results indicate the Organization is operating within available resources?

- g. Is debt managed strategically to advance the mission?

## **E. OVERSIGHT**

The Organization's Management is responsible for policy compliance, periodic review, and all liquidity management activities for the Organization. On at least an annual basis, the finance committee is charged with reviewing the Organization's Board-approved financial metrics in conjunction with oversight of related policies and will report any issues to the Board's Finance & Administration Committee.

## **F. LIQUIDITY MANAGEMENT**

The primary objective of liquidity management is to maintain a cash position that allows the Organization to meet daily obligations without incurring the opportunity costs that arise from having excess cash. It is not uncommon for the Organization to experience a mismatch between the timing of expenditures and receipt of funds to pay those costs. The more unpredictable the Organization's cash flows are, the higher the required levels of liquidity that must be maintained.

### **1) Liquidity Uses**

Uses of Organization liquidity are determined per the Organization fiscal management governance structure as approved within the budget approval process and delegations of authority. Approved use of liquidity is for operating and capital purposes. Operating expenses are paid using the appropriate funds aligned to the Organization mission and compliant with applicable statutes and Organization policies and standards.

### **2) Liquidity Measures**

- a. The Organization must balance liquidity requirements with its investment objectives and its cost of external borrowing. The Organization intends to manage its liquidity needs by considering its entire asset and debt portfolio, rather than managing liquidity solely on an issue-specific basis. This approach permits Organization-wide evaluation of desired liquidity requirements and exposure.
- b. The Organization has a goal to maintain its financial assets available within one year of the balance sheet date to meet 180 days of projected operating expenses.

### **3) Liquidity Risk Management**

- a. Liquidity risk is defined as an inability to meet payment obligations in a timely manner when they become due and the risk that assets may not be convertible into cash when needed.
- b. Liquidity risk is divided into three categories:
  - i Operating liquidity risk occurs when the Organization cannot fund its operating expenses due to insufficient liquid cash holdings.
  - ii Financing liquidity risk occurs as a result of external financing activities and the potential for those financings to come due before maturity.
  - iii Market liquidity risk occurs when the Organization is unable to convert assets into cash without significant losses.
- c. Liquidity risk is addressed in part through annual monitoring and reporting of the Primary Reserve Ratio, which reflects expendable net assets to operating expenses.
- d. The Organization recognizes that it may be exposed to interest rate, third-party credit, and other potential risks in areas other than direct Organization debt (e.g., counterparty exposure in the investment portfolio) and, therefore, exposures are considered on a comprehensive Organization-wide basis.

### **4) Administration and Reporting**

- a. The Management will report to the Finance Committee annually a schedule of financial assets available within one year of the balance sheet date compared to the projected operating expense for minimum liquidity target.

- b. This Liquidity Policy will be subject to annual review by the Finance Committee and the elements of the policy related to liquidity will be subject to annual review by the Board.

#### G. USE OF SHORT-TERM DEBT

In order to maintain or increase liquidity, the Organization may use proceeds available from short-term debt for financing of capital projects under the following conditions:

- 1) The proceeds are used to provide interim financing for a capital project with a committed source of funding (e.g., in anticipation of issuance of long-term debt, receipt of certain philanthropic gifts, or grants for Organization projects);
- 2) The cost of the funds available under a line of credit are equal to or lower than a. the Organization's investment return (i.e., opportunity cost); and b. alternative funding options; and
- 3) The use of the proceeds is compliant with applicable statutes and association policies and standards.

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: HOD.001

SECTION: House of Delegates

SUBJECT: **Correspondence**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: December 2009

DATE REVISED: July 2011

## REFERENCES:

### ***Policy Statement:***

Correspondence and other information relevant to the function of the House of Delegates shall be appropriately routed.

### ***Policy Amplification:***

1. All correspondence pertinent to the function of the House of Delegates shall be sent to the Speaker of the House of Delegates.
  - A. The Speaker shall cause correspondence to be distributed appropriately to members of the House of Delegates.
2. All HOD Officers shall receive correspondence directed to the BOD and Board agenda books as approved by the President.
3. Newly elected House Officers shall receive a copy of the Association's Policy and Procedure Manual.
4. The AARC will copy the States Delegates on all routine correspondences to Affiliate Board members including, but not limited to, follow up on revenue sharing checks which have not been cashed.

## DEFINITIONS:

ATTACHMENTS: AARC Conflict of Interest Statement (See Appendix)  
AARC Tobacco Free Pledge (See Appendix)



# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: HOD.002

SECTION: House of Delegates

SUBJECT: **Procedures – Rules**

EFFECTIVE DATE: June 18, 2002

DATE REVIEWED: December 2009

DATE REVISED:

REFERENCES: Delegate Handbook

## ***Policy Statement:***

All procedural activities of the House of Delegates can be found in the Delegate Handbook and House Rules.

## ***Policy Amplification:***

Any information regarding the procedural activities of the House of Delegates, from committees to resolutions, can be found in the Delegate Handbook. The Delegate Handbook also contains the House Rules under which the House of Delegates operates.

DEFINITIONS:

ATTACHMENTS:

## **American Association for Respiratory Care Policy Statement**

Page 1 of 2  
Policy No.: MP.001

SECTION:                      Membership

SUBJECT:                     **General Operating Policies**

EFFECTIVE DATE:          December 14, 1999

DATE REVIEWED:          March 2018

DATE REVISED:             March 2018

REFERENCES:              Bylaws, Code of Ethics, House Rules for Special Recognition

***Policy Statement:***

The Association's membership shall be subject to the provisions of Association Bylaws and Association policy.

***Policy Amplification:***

1. All personal records of Association members shall be the property of the Association and shall be held in strict confidence.
2. Members whose AARC membership has lapsed may reactivate their membership in the Association by payment of the current year's membership dues plus the fee set in the Annual Budget subject to the following conditions:
  - A. The lapse in membership has been for a maximum time period of one year.
  - B. The member must meet current Bylaws requirements for appropriate membership classification
3. AARC members shall be granted reciprocity of chartered affiliate membership without inter-affiliate transfer of current chartered affiliate dues paid.
4. All new and renewing members shall be required to complete the AARC membership application and subsequent renewal cards in their entirety.
5. The Membership Committee shall assure that a request for medical direction, when applicable, be included on the membership application.

## **American Association for Respiratory Care Policy Statement**

Page 2 of 2  
Policy No.: MP.001

6. All AARC Members shall receive a communication of congratulations and thanks from the President and Executive Director at 20 years and each subsequent decade of continuous membership.
7. All nominations for Life Membership submitted to the House of Delegates by a delegation shall include curriculum vitae as justification, and a resolution recommending such action shall be submitted to the House at least sixty (60) days prior to the Annual Meeting of the Association.
8. Life Membership shall automatically be bestowed upon an AARC President upon completion of his/her term as Immediate Past-president.
9. All Active and Life Members of the Association employed within the boundaries of chartered affiliates shall be permitted to vote in the election of the delegation of that affiliate, regardless of their separate affiliate membership status.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 2  
Policy No. MP.002

SECTION: Membership

SUBJECT: **Membership Challenge Policy**

EFFECTIVE DATE:

DATE REVIEWED: March 2018

DATE REVISED: March 2018

REFERENCES Bylaws, MP.0791

## ***Policy Statement:***

Requests may be received by the Executive Office challenging a member's status.

## ***Policy Amplification:***

1. A written request must be received at the AARC Executive Office addressed to the chair of the Judicial Committee. This request must include the following:
  - A. Name of the individual being challenged.
  - B. The specific reason or reasons the challenge is being made.
  - C. Signature of individual initiating the challenge.
2. The Chair of the Judicial Committee will decide if the challenge is preliminary valid. If valid, a non-confrontational request for information will be sent to the individual being challenged, as well as the section of the Bylaws, highlighting Article III, Section 2, containing the definition of Active Member. This request will attempt to obtain the following information from the individual:
  - A. Job description(s) for the past 12 months
  - B. Explanation of the percentage of time spent on the job
  - C. Medical Director name
  - D. Request for a written response within ten (10) business days

# **American Association for Respiratory Care Policy Statement**

Page 2 of 2  
Policy No. MP.002

3. The following are the time frames for the challenge process:
  - A. Five days to inform the challengee
  - B. Ten days for the challengee to return information
  - C. Fifteen days to send the information to full committee and vote on a decision at the end of the 15 days.
  - D. Notify both parties as soon as possible, but no later than 48 hours after the vote is taken.
4. The decision will be based on the documents, affidavits, statements, and other evidence gathered by the Judicial Committee; the outcome will be by a majority vote of the Judicial Committee. Names of both the challengee and the challenger will be kept from the committee and all others involved. As a result, the chair of the judicial committee may take no role in decision because the chair knows who the parties' names are. In the event of a tie vote the challenge fails.
5. Any appeal of the Judicial Committee decision will be forwarded to the AARC Board of Directors.
6. The verification of active status for those nominated for an AARC office will be required before the candidate is placed on the ballot.

## **DEFINITIONS:**

**Challenge:** To contest the validity of a member's qualifications for membership and status in the AARC.

**Challenger:** The person who challenges the membership of another.

**Challengee:** The person whose membership is challenged.

**Decision:** The final, written decision of the Judicial Committee transmitted in writing to both parties and the AARC President.

**Preliminarily Valid:** A challenge is preliminarily valid if, on its face, it raises a question about the qualifications of a subject member. A determination that a challenge is preliminarily valid only imposes a duty to respond; it is not a decision on the merits, and the Judicial Committee Chair's decision carries no evidentiary weight.

## **ATTACHMENTS:**

# American Association for Respiratory Care Policy Statement

Page 1 of 2  
Policy No.: SS.001

SECTION: Specialty Sections

SUBJECT: **Specialty Section Operations**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: July 2011

DATE REVISED: July 2008

## REFERENCES:

### ***Policy Statement:***

The Section Chairperson is responsible for accomplishing the Section's goals and charges.

### ***Policy Amplification:***

The Section Chairperson is responsible for overseeing the following activities. A section Chairperson may seek the assistance of other section members to help with any projects.

#### 1. Section Publications

- A. Solicit information pertinent to Section members and publishing four (4) Section Newsletters each year.
- B. Solicit information for inclusion in the monthly e-mail newsletters.

#### 2. Section Program

- A. Assist the Association Program Committee as appropriate, with the preparation of a specialty program for the International Congress and Summer Forum.
- B. Make recommendations to the Association Program Committee and the Board of Directors regarding educational programs pertinent to the specialty area that may be considered for presentation to the Association membership.

#### 3. Section Recognition

- A. Recognize exemplary contributions to, or participation in Section activities by, Section members via the Specialty Section Practitioner of the Year Award Program.

4. Each Specialty Section may have other project groups as necessary to complete additional specific charges from the President.

# **American Association for Respiratory Care Policy Statement**

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Policy No.: SS.001

5. All Specialty Section members engaged in these functions shall be selected by the Specialty Section Chairperson from among the Section's members; however, it is the section chairperson's responsibility to ensure the work is complete.

## **6. Committees**

If a group of section members will work together on an on-going basis then, in accordance with AARC Bylaws, the Section Chairperson must request that the AARC President appoint them to a committee. The activities of such duly appointed section committees, along with the names of the committee members, shall appear in the section's activity reports to the Board of Directors. The Section Chairperson shall publish a list of Specialty Section committees in the Section publications to encourage Section member participation.

**DEFINITIONS:**

**ATTACHMENTS:**

# American Association for Respiratory Care Policy Statement

Page 1 of 3  
Policy No.: SS.002

SECTION: Specialty Sections

SUBJECT: **Formation, Dissolution, and Conversion of Specialty Sections**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: July 2015

DATE REVISED: July 2007

## REFERENCES:

### ***Policy Statement:***

The Association Board of Directors shall retain the responsibility and authority to form, dissolve and convert Specialty Sections.

### ***Policy Amplification:***

1. The Association Board of Directors may establish a Specialty Section by a 2/3-majority vote if there are at least 350 active members interested in establishing a specialty section.
2. The President shall appoint a Chairperson for newly established Specialty Sections, subject to ratification by the Board of Directors.
3. Specialty Section dues shall be established by the Board of Directors as part of the budgetary process.
4. The President may appoint liaisons from the Board of Directors to each Specialty Section.
5. As outlined in the AARC Bylaws (Article 5, Section 1), a Section Chair from each Specialty Section of at least 1000 active members of the Association will serve on the Board of Directors as a Section Director. So long as the number of Section Directors is at least six (6), the number of At Large Directors shall be equal to the number of Section Directors. If the number of Section Directors is less than six (6), the number of At Large Directors shall be increased to assure a minimum of twelve (12) Directors. The Board shall then be comprised of six (6) Officers and a minimum of twelve (12) Directors for a total of at least eighteen (18) active members.
6. If the active membership of a section exceeds 1,000 active members on December 31<sup>st</sup> of a year in which the section does not have a serving section director, the Chair of the Section will be sworn in as a Section Director at the next annual business meeting of the Association. The term of the Section Director shall be for the remaining term of the Section Chair.



# **American Association for Respiratory Care Policy Statement**

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Policy No.: SS.002

7. If the active membership of a specialty section is no longer at least 1,000 members as of
8. December 31<sup>st</sup> of the year preceding completion of the term of the section director the following will occur:
  - A. The President shall notify the Specialty Section Director of the specialty section not meeting the requirements of the bylaws in writing that they have until the next scheduled Board of Directors meeting to increase their membership of the section to exceed 1,000 active members as outlined in the bylaws.
  - B. This notification shall provide the Specialty Section Chairperson with the opportunity to meet the requirements of the bylaws.
  - C. If the Specialty Section Director and the Specialty Section cannot meet the requirements of the bylaws and is unable to increase its active membership of the section to exceed 1,000 active members as outlined in the bylaws, the current Specialty Section Director shall serve out their remaining term of office as the Specialty Section Director and the incoming Specialty Section Director will serve as the Specialty Section Chair.
  - D. The President will notify the specialty section director of the outcome of the Board deliberations in writing.
  - E. AARC and Section members will be informed of the decision of the Board of Directors at the earliest opportunity via approved Association channels of communication.
9. If the Specialty Section does not have at least 350 total members as of December 31<sup>st</sup> of the year preceding completion of the term of the Section Chair, the following will occur:
  - A. The President shall notify the Specialty Section Chair that the Specialty Section is not meeting the section membership policy.
  - B. This notification shall provide the Specialty Section Chairperson with the opportunity to show cause, in writing, why the Specialty Section should not be converted to a Roundtable by the next scheduled Board of Directors Meeting.
  - C. The President shall notify the Chairperson of the Specialty Section of the outcome of the Board deliberations in writing.
  - D. AARC and Section members shall be informed of the conversion of the Specialty Section at the earliest opportunity via approved Association channels of communication.

# **American Association for Respiratory Care Policy Statement**

Page 3 of 3  
Policy No.: SS.002

9. In any situation in which reductions in the number of Section Directors will result in the number of At Large Directors exceeding the number of Section Directors, and at least twelve (12) Directors will be serving, the number of At Large Directors nominated by the Elections committee and elected by the membership in the next Association election shall be reduced so the number of At Large and Section Directors on the Board of Directors following the installation of those Directors shall be equal.
10. If at any time the number of Section Directors decreases below six (6), the number of At Large Directors nominated by the elections committee and elected by the membership in the next Association election will be increased so that there will be twelve (12) Directors serving following installation of those persons.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 2  
Policy No.: SS.003

SECTION: Specialty Sections

SUBJECT: **Leadership**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: March 2017

DATE REVISED: March 2017

## REFERENCES:

### ***Policy Statement:***

The Specialty section members, in a manner consistent with the Association Bylaws, shall elect Specialty Section Leadership

### ***Policy Amplification:***

1. Terms of office for Specialty Section Chairpersons-elect and Chairpersons shall commence at the end of the Association's Annual Meeting.
2. The elected Chairperson of a Specialty Section shall not serve more than two consecutive terms in the same office.
3. In the event of the vacancy in the office of Specialty Section Chair, the Chair-elect, if one is serving at the time, shall serve the unexpired term of the Chair and his or her own three (3) year term.
  - A. If no Chair-elect is serving at the time of the vacancy, the President shall appoint a member of the Specialty Section to serve as Chairperson, subject to ratification by the Board of Directors.
  - B. A Chair-elect so appointed shall serve until the next scheduled specialty section election, or until a successor is elected by the Specialty Section Membership.
4. The Specialty Section Chair may be removed from office by a 2/3-majority vote of the Board of Directors upon refusal, neglect or inability to perform their duties, or any conduct deemed prejudicial to the Association.
  - A. Written notice of action by the Board of Directors shall come from the President.

# **American Association for Respiratory Care**

## **Policy Statement**

Page 2 of 2  
Policy No.SS.003

- B. This written notice will be sent to the Chair and Chair-elect as formal notification that the office has been declared vacant.
5. The duties and responsibilities of Specialty Section Chairpersons shall include:
- A. Oversight of all Specialty Section activities
  - B. Assurance that Section activities are in compliance with Association Bylaws and policy
  - C. Submitting reports of Section activities to the AARC Board of Directors to be included in each meeting agenda book.
  - D. Submitting periodic or interim reports that may be required by the President or Board of Directors.
  - E. Serving as the primary spokesperson for the Section, through which Section members express opinions, ideas and concerns to the AARC Board of Directors
  - F. Submitting minutes of all Section business/membership meetings to the Executive Office liaison within thirty (30) days following the meeting.
    - 1. Copies of the minutes will also be sent to the VP/Internal Affairs.
  - G. Following guidelines established and approved by the Board of Directors for the specialty Sections.
  - H. Being responsible for the Section fulfilling the charges from the President and as outlined in Association policy.
  - I. Organizing the Section business/membership meeting of the Specialty Section to be held at the Annual International Congress and Summer Forum.
6. The Chairperson of the Specialty Sections that have at least 1000 active members on December 31 of the year of nominations/elections shall serve a concurrent three (3) year term as a Section Director on the Board of Directors.
7. The duties and responsibilities of the Specialty Section Chair-elect shall include:
- A. Assisting the Chairperson with facilitation the activities of the Section and assuring successful completion of its goals and charges
  - B. Assisting the Chairperson with organizing the Section business/membership meeting of the Specialty Section to be held at the Annual International Congress and Summer Forum.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: SS.004

SECTION: Specialty Sections

SUBJECT: **Medical Advisors**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: July 2007

DATE REVISED:

## REFERENCES:

### ***Policy Statement:***

Specialty Sections shall have Medical Advisors as requested by the President, identified by the Chairperson of the Board of Medical Advisors, and appointed by the President.

### ***Policy Amplification:***

1. The President shall request recommendations for Specialty Section Medical Advisors from the Chairperson of the Board of Medical Advisors (BOMA) as needed.
2. The Chairperson of BOMA shall forward these recommendations to the President.
3. Following receipt of the recommendations from the Chairperson of BOMA, an appointment shall be made by the President, subject to ratification by the Board of Directors.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: SS.005

SECTION: Specialty Sections

SUBJECT: **Maximization of Member Participation**

EFFECTIVE DATE:

DATE REVIEWED: July 2008

DATE REVISED: July 2008

## REFERENCES:

### ***Policy Statement:***

A primary goal of the Specialty Sections shall be maximization of Section member participation in Section activities.

### ***Policy Amplification:***

1. The following activities shall be designed to improve communication, visibility and credibility of the Specialty Section activities:
  - A. Publish Specialty Section Bulletins and use them to their full potential as communication tools.
  - B. Actively publicize all Section meetings and, as soon as possible after the meeting, publish a summary of the meeting minutes in the Section Newsletter.
  - C. Encourage those who cannot attend Section meetings to submit discussion topics/questions/ideas, etc. to the Section Chairperson for inclusion in the meeting agenda.
    1. If possible, plan Section business meetings at the beginning of, or during, a segment of lectures pertinent to the respective specialty Section to increase the number of Section members present and therefore attend the meeting.
  - D. In the first issue each year of each Section Newsletter, invite member participation in Section activities.
  - E. The President and President-elect shall seek input of the Section leadership in both the planning process and problem-solving process of the Association.
    1. The President and President-elect shall credit the Specialty Section members when ideas are incorporated into strategies and action plans.

## DEFINITIONS:

## ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: SS.006

SECTION: Specialty Sections

SUBJECT: **Business and Membership Meetings**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: July 2007

DATE REVISED:

## REFERENCES:

### ***Policy Statement:***

All Specialty Sections shall hold a business/membership meeting in conjunction with the International Congress.

### ***Policy Amplification:***

1. Specialty Section Chairpersons shall be responsible for organizing and planning a business/membership meeting and coordinating these events with other activities of the International Congress.
  - A. The Specialty Section Chairperson shall organize and communicate the meeting schedule to the Section membership through appropriate publications (e.g., Section Newsletter, other Association publications).
  - B. The Specialty Section Chairperson shall coordinate Specialty Section business/membership meetings with the Director of Conventions.
2. Specialty Section Chairpersons may schedule additional meetings after requesting and obtaining approval from the President.
  - A. Notification of the meeting and coordination with the Director of Conventions shall be as identified in 1A and 1B.

## DEFINITIONS:

## ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: SS.007

SECTION: Specialty Sections

SUBJECT: **Section Chairpersons Membership on Program Committee**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: March 2008

DATE REVISED:

## REFERENCES:

### ***Policy Statement:***

The Chairpersons of the Specialty Sections shall serve as ex-officio members of the Program Committee.

### ***Policy Amplification:***

1. The duties of the Specialty Sections Chairpersons as ex officio members of the Program Committee shall include all of the following:
  - A. Provide recommendations for topics and speakers for the International Congress and the Summer Forum.
  - B. Coordinate Specialty Section programming with the Director of Conventions.

DEFINITIONS:

ATTACHMENTS:



# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: SS.008

SECTION: Specialty Sections

SUBJECT: **Publications**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: July 2011

DATE REVISED: March 2008

## REFERENCES:

### ***Policy Statement:***

Specialty Sections shall publish the activities, goals, objectives and projects pertinent to its membership.

### ***Policy Amplification:***

1. Each Specialty Section shall publish four (4) quarterly bulletins annually.
2. The President shall direct the Section to provide copy for publication for other Association Publications or other appropriate publications as requested by Section Membership Association Membership, Board of Directors, House of Delegates, and the Executive Office.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: SS.009

SECTION: Specialty Sections

SUBJECT: **Purpose and Role**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: March 2008

DATE REVISED: March 2008

## REFERENCES:

### ***Policy Statement:***

Specialty Sections representing specific areas of interest and/or practice shall be made available to Active, Associate, and Special Members of the Association on a voluntary basis.

### ***Policy Amplification:***

1. The purpose of the Specialty Sections shall be to represent specialty areas of practice for the purposes of education, research, and promotion of Association goals.
2. The roles of the Specialty Sections shall include serving as consultants to the Association through:
  - A. Direct involvement in development of goals and objectives for the Association
  - B. Direct membership recruitment and retention for the Association and the Specialty Sections
  - C. Provide expert advice in the development, revision and review of Position Statements, Clinical Practice Guidelines (CPGs) and other projects as assigned by the president
  - D. Provide expert input regarding research initiatives of the Association.
  - E. Provide educational opportunities for members of the Specialty Section and the Association
  - F. Serve the Association by electing a Chairperson.

DEFINITIONS:

ATTACHMENTS:

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: CC.001

SECTION: AARC Communities

SUBJECT: **AARConnect Communities**

EFFECTIVE DATE: August 22, 2001

DATE REVIEWED: June 2017

DATE REVISED: June 2017

## REFERENCES:

### ***Policy Statement:***

1. Communities are formally organized groups of AARC members focused on specific topics of common interest and can either be public or private access.
  - a. Public access communities have no restrictions and can be joined by any member of the AARC.
  - b. Private access communities are those that a member must have special permission, such as an appointment or require additional fee for participation such as section membership.
2. A minimum of 25 members may propose a Community by completing the attached *Communities Proposal Form* and submitting it to the AARC Executive Office.
  - a. Exception: state boards may request private communities even if there are less than 25 potential members.
3. All communities must maintain a key contact. This provides the community a volunteer as well as provide the Executive Office a point of contact for questions about the group over time
4. The AARC Executive Office will communicate this request to the AARC membership using the appropriate methods and solicit interest in participation.
5. The AARC may elect to dissolve a Community at any time due to lack of interest. In such case, the AARC will post an announcement on AARConnect stating the reason(s) for the dissolution of the Community, and the community will cease 30 days after the announcement. Lack of interest examples include, but are not limited to:
  - a. The Community has three consecutive months with no posts.
  - b. The Community is no longer serving the original purpose for development.
  - c. The Community grows large enough to become a section, formally requests the AARC Board investigate interest and feasibility, and is approved by the AARC Board to transition into a recognized specialty section.

## American Association for Respiratory Care

### Communities Proposal Form

**Please read the AARC *Communities Policy* before completing this form.**

Definition – *Communities are formally organized members of the AARC focused on significant topics of common interest, and who feel other groups within the organization are not addressing their special interest.*

Your Name \_\_\_\_\_

AARC Member # \_\_\_\_\_ E-Mail \_\_\_\_\_

Employer \_\_\_\_\_

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

Suggested name for proposed Community \_\_\_\_\_

**List reasons you and others feel justify the establishment of the Communities:**

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**Before your proposal is submitted, at least 24 other AARC members must concur with you. E-mails to you will be accepted in lieu of their signatures.**

Name \_\_\_\_\_ email \_\_\_\_\_ AARC Member # \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_ AARC Member # \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_ AARC Member # \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_ AARC Member # \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_ AARC Member # \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_ AARC Member # \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_ AARC Member # \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_ AARC Member # \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_ AARC Member # \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_ AARC Member # \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_ AARC Member # \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_ AARC Member # \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_ AARC Member # \_\_\_\_\_

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Name \_\_\_\_\_ email \_\_\_\_\_ AARC Member # \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_ AARC Member # \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_ AARC Member # \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_ AARC Member # \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ I agree to serve as the key contact for this community. If at any point I am unable to serve in this role, I agree to notify the AARC and assist in recruiting an appropriate key contact as my replacement.

**Please Send via US Mail to:**

**President, American Association for Respiratory Care  
9425 N. MacArthur Blvd #100  
Irving, TX 75063**

## APPENDIX

Attachment “A”

## Conflict of Interest Statement

TO: Key Employees

FROM: Tom Kallstrom, MBA RRT  
Executive Director

RE: Conflict of Interest Statement

DATE: January, \_\_\_\_\_

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Enclosed are the following for your review and signature:

1. **Conflict of Interest Statement** - for your review and signature. Each statement will be held in confidence and decided on an individual basis. Cases of suspected conflict of interest will be forwarded to the Judicial Committee for formal review.
2. **Smoking Pledge** - for your review and signature.

Please sign the Questionnaire and Pledge and return to me by \_\_\_\_\_.

If you have any questions or comments concerning the above, please feel free to contact me.

Enclosures



# AMERICAN ASSOCIATION FOR RESPIRATORY CARE

## Policy Concerning Conflict of Interest

### **PURPOSE**

To define Conflict of Interest and establish a policy covering the spectrum of prevalent situations, events or transactions that may be subject to being in conflict of interest with the best interests of the Association.

### **DEFINITIONS**

**Association:** American Association for Respiratory Care (AARC) and its subsidiaries including, but not limited to, Daedalus Enterprises, Inc.

**Key Person:** Those persons of the Association assigned, elected, or hired into the following positions of responsibility: Officers, Directors, HOD Officers, and Key Employees, including, but not limited to, the Executive Director, Associate Executive Directors, Controller, and Department Managers, who greatly influence the decision to purchase or sell goods or services.

**Entity External to the Association:** Companies, Corporations, Associations, Organizations, or other special interest groups that have or may have a formal or informal relationship with or to the Association.

**Conflict of Interest:** Direct or indirect participation by a Key Person of the Association in Association decisions regarding contracting of services; purchase, sale, or lease of property, supplies or assets; setting the direction or action of the Association, that involves a direct or indirect personal interest or influence in an Entity External to the Association, that is in or has potential of being in conflict with the best interests of the Association.

### **POLICY**

1. It is the responsibility of Key Persons of the Association to abstain from discussion and voting on issues, transactions, or decisions before the Association or its infrastructure that IS OR MAY BE in Conflict of Interest with the best interests of the Association.
2. The minutes or official documents of record shall reflect the disclosure by the Key Person of the Association that he/she has elected to abstain from participation in such action.
3. It is the responsibility of Key Persons of the Association to assure that the minutes or official documents of record clearly state such Key Person's decision to abstain from such action, so as to prevent any question of Conflict of Interest in any such actions that the Key Person may have otherwise participated in.
4. This policy shall be furnished to each Key Person of the Association at the time of their election, appointment or hire.
5. The Association President shall annually require all Key Persons of the Association to complete a questionnaire listing any possible areas of Conflict of Interest. The Key Persons will submit the completed questionnaire to the Executive Director of the Association within 30 calendar days after receipt of the questionnaire.
6. Failure of the Key Person of the Association to fully and completely disclose reportable areas of current or potential Conflict of Interest, and to submit such questionnaire within the stated

period is subject to disciplinary action by the Association's Judicial Committee or in the case of Key Employees disciplinary action by the Executive Director of the Association. Such action might include dismissal from the position as a Key Person of the Association.

# AMERICAN ASSOCIATION FOR RESPIRATORY CARE

## Conflict Of Interest Questionnaire

Pursuant to the purposes and intent of the resolution adopted by the Board of Directors of the American Association for Respiratory Care, requiring disclosure of certain interests, a copy of which has been furnished to me, I hereby state that I or members of my immediate family have the following affiliations or interests or have taken part in the following transactions that, when considered in conjunction with my position with, or relation to, the Association, might possibly constitute a conflict of interest. (Check "none" where applicable.)

1. ***Outside Interests:*** Identify any purchases or sales or property or property rights, interests or services by yourself or your immediate family that might be deemed to have been in competition with the Association.

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None \_\_\_\_\_

2. ***Outside Activities:*** Identify any instances in which you or any member of your immediate family have rendered directive, managerial or consultant services to any outside concern that does business with, or competes with, the services of the Association or have rendered any other services in competition with the Association.

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None \_\_\_\_\_

3. ***Gifts, Gratuities and Entertainment:*** Neither I nor any member of my immediate family have accepted gifts, gratuities or entertainment from any outside concern that does, or is seeking to do, business with, or is a competitor of the Association except as listed below:

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None \_\_\_\_\_

4. ***Inside Information:*** Neither I nor any member of my immediate family have disclosed or used information relating to the Association's business for the personal profit or advantage of myself or my immediate family, except as listed below:

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None \_\_\_\_\_

5. ***Other:*** List any other activities in which you or your immediate family are engaged in what might be regarded as constituting a conflict of interest.

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None \_\_\_\_\_

I hereby agree to report to Tom Kallstrom, Executive Director of the American Association for Respiratory Care, any further transactions that may develop before completion of my next questionnaire.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

Tobacco Free Pledge

## **TOBACCO-FREE POLICY AND PLEDGE**

**(PS.O0487)**

The American Association for Respiratory Care (AARC) has a demonstrated commitment to educating the public about pulmonary health. Through its support of the Surgeon General's goal of a Smoke-Free Society by the year 2000 and through the development of its own position statements on Tobacco and Health, Health Promotion and Disease Prevention, and A Role Model Statement for Respiratory Care Practitioners, the AARC has established itself as a major proponent of respiratory health and no-smoking.

In keeping with these goals of the Association, the Board of Directors declares that there shall be no use of tobacco by participants or guests at any official gathering of the Association. Furthermore, the AARC Board of Directors feels that all members of the Board of Directors, the AARC Executive Director and his staff, committee chairs, and all others who, either through election or appointment, officially represent the AARC, should refrain from the use of tobacco products while representing the Association. Also, as leaders of the AARC, these individuals should encourage other AARC representatives to refrain from the use of tobacco products and should encourage and support the AARC pro-health position whenever possible.

By signing the attached pledge, you will be acknowledging your agreement with and support of the tobacco-free policies of the AARC. Also, your signature will demonstrate your willingness to refrain, to the best of your ability, from the use of tobacco products at all official gatherings and when representing the association in public, and to encourage others to do the same.

It is the duty of the president of the AARC to see that each member who officially represents this Association signs this policy as a pledge to follow throughout their term.

### **PLEDGE**

I, \_\_\_\_\_, as a duly elected or appointed official, representative, or employee of the AARC, do hereby voluntarily pledge my support of the AARC's goal to encourage pulmonary health. In support of these goals, I hereby pledge that I will, to the best of my ability, refrain from the use of tobacco products while representing the AARC in my official capacity so that I might serve as an example and positive reflection of the principles for which the Association stands. I further pledge that I will, to the best of my ability, encourage all other elected and appointed officials and employees to embrace these goals as their own and to sign this pledge as a demonstration of their willingness to support the AARC by refraining from the use of tobacco products while representing the AARC.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Biographical Form Guidelines

## BIOGRAPHICAL FORM GUIDELINES

1. First name, middle initial, and last name followed by a maximum of three (3) credentials.  
Example: John J. Jones, MS, CRTT, RRT
2. AARC membership tenure.  
Example: AARC member since 1964
3. Position Title: Employer name, city, and state; two (2) concurrent titles and employers maximum.  
Example: Administrative Director, Respiratory Care, Ace Medical Center, Anytown, Texas
4. AARC Activities:
  - A. All officer positions and year(s) of office  
Example: Vice President, 1972
  - B. Board of Director position(s) and year(s) of office  
Example: Member, Board of Directors, 1975-77
  - C. Committee chairs and year of position(s), MAXIMUM of six (6)  
Example: Chair, Program Committee, 1978
  - D. Committee memberships and year(s) of position(s), MAXIMUM of eight (8)  
Example: Member, Publications Committee, 1976
  - E. Special representative or other appointments, MAXIMUM of two (2)  
Example: Parliamentarian, 1979
  - F. Membership section position(s) and year(s) of service, MAXIMUM of six (6)  
Example: Chair, Education Section, 1981; Member, Management Section, 1982
5. House of Delegates Activities
  - A. Delegate position(s), full name of Society, and office tenure  
Example: Delegate, Tennessee Society for Respiratory Therapy, 1976-1980
  - B. House officer position(s) and year(s) of office  
Example: Chairman, 1980
  - C. Chairmanships and year(s) served, MAXIMUM of three (3)  
Example: Chair, Progress & Transition Committee, 1982
  - D. Committee membership(s) and special appointments and year(s) of position(s), MAXIMUM of four (4)
6. Affiliate Activities
  - A. All officer position(s) and year(s) of office, starting with highest office; list full name of Society  
Example: President, Utah Society for Respiratory Therapy, 1980;  
Vice President, 1979; Treasurer, 1977
  - B. Board of Directors and tenure in office  
Example: Board of Directors, Colorado Society for Respiratory Therapy, 1980
  - C. Committee chairs and year(s) of office, MAXIMUM of six (6)
  - D. Committee memberships and year(s) of office, MAXIMUM of six (6)
  - E. Special representative of other appointments
7. Related Organizations
  - A. Health or educational organizations only, MAXIMUM of four (4)
  - B. Organization Service  
Example: Associate Examiner, National Board for Respiratory Therapy, 1971-77; Certified Basic Life Support Instructor-Trainer, American Heart Association
8. Education
  - A. This can be indicated in the credentials as noted in item #1, MAXIMUM of three (3)
9. Publications
  - A. List name of nationally published texts where the person was an author or contributor and year of publication, MAXIMUM of four (4)  
Example: "Handbook of Respiratory Care," contributor, 1985



Attachment “D”  
AARC AWARD GUIDELINES

## **GENERAL GUIDELINES**

1. Each year, the outgoing president shall be awarded a plaque by the membership and the Board of Directors in appreciation of valuable services rendered the association. The cost shall be underwritten by the AARC. This plaque shall be presented by the incoming president.
2. Appropriate recognition shall be made to outgoing members of the Board of Directors at the annual convention. This would include those elevated to a higher office.
3. The Executive Committee will serve as the central clearinghouse and review body for newly established AARC awards or major revision of currently existing AARC awards.

### **CRITERIA FOR SPECIALITY PRACTITIONER OF THE YEAR AWARD (AW.0688)**

#### **Definition:**

A Respiratory Care Practitioner who works in a specialty practice and has earned special recognition through professional service, leadership, and scholarship; an individual who has furthered the art of science of respiratory care through outstanding contribution to, or service in, a specialty area of practice.

#### *Minimum Criteria:*

Each nominee for the SPOTY award must be:

1. A member of the AARC
2. A member of the respective Specialty Section

#### **Nomination Process:**

1. Each Specialty Section may award one Specialty Practitioner of the Year (SPOTY) Award each year.
2. Nominations for the SPOTY Award for each section come from a member of the respective section.
3. Nominations for the SPOTY Award shall be submitted to the Chair of the Specialty Section.
4. All nominations shall be accompanied by a one-page description of why the nominee personifies the definition of "Specialty Practitioner of the Year" and is deserving of the award.
5. A Specialty Section may develop additional criteria to aid in the selection of its SPOTY. These criteria shall be reviewed and approved by the Executive Committee, and the Section membership shall be informed of these criteria.

#### **Selection Process:**

1. The specialty section chair shall determine the recipient of the SPOTY award, at his or her sole discretion or under advisement of a committee or other members of his or her section.
2. The section chair shall make his or her decision based upon an analysis of the information submitted for each nominee and in keeping with approved AARC criteria, policies, and procedures.

**Presentation of Awards:**

1. The SPOTY awards shall be presented annually, in conjunction with the AARC Annual Convention.
2. An announcement of the awards and the recipients shall be made in appropriate AARC publications.

**CRITERIA FOR AARC ZENITH AWARD RECIPIENT  
(AW.0389)**

This program is to recognize manufacturers and service companies in the respiratory care industry. The criteria are as follows:

1. The Zenith Award has been created by the AARC and its official magazine, *AARC Times*, to determine, annually, the top five (5) providers of respiratory care products and services.
2. Respiratory care practitioner (readers of the AARC publication, of course) will be given the opportunity to reward the manufacturers, service organizations, and supply companies that have done the most outstanding job for them and their employers. Also, it is the practitioner's chance to share their expertise with thousands of their colleagues who are searching for the best companies in the market today.
3. Respiratory care practitioners will be asked to evaluate the companies by using the following criteria: quality of equipment and/or supplies, sales force accessibility and helpfulness, service record, responsiveness, truth in advertising, and support of the profession.
4. Selected companies will be honored during the AARC Awards Ceremony at the annual meeting, in the *Convention Gazette* published during the annual meeting, and in the post-convention issue of *AARC Times*. Those companies will be free to use the "Zenith Award" logo in their letterheads, employees' business cards, and advertisements.
5. The September issue of *AARC Times* will contain all the information about the Zenith Award: announcement, criteria, list of companies, ballot asking readers to vote for up to 15 companies, etc.
6. All the ballots must be returned by October 1<sup>st</sup>.
7. Following the tabulation of the ballots, the president of the five (5) winning companies will be notified and requested that they be present during the AARC Awards Ceremony at the annual meeting to receive their awards.
8. On the day of the Awards Ceremony, a visit will be made at their exhibit booths to take a picture of all their personnel present and the award. Proper announcement will be made about the award and the winners in the Monday *Convention Gazette*. This will be repeated in the convention issue of *AARC Times* following the meeting and in the September issue of *AARC Times*.

## **CRITERIA FOR AARC LIFE MEMBERSHIP/HONORARY MEMBERSHIP/ JIMMY A. YOUNG MEDAL**

*Revised November 2015*

### **Life Membership**

1. Nominations for Life Membership are solicited from the AARC BOD and HOD.
2. The HOD and the BOD may each submit one (1) nominee for Life membership.
3. Candidates for Life membership must:
  - be and have been an active member (one who has the right to vote and hold office) of the AARC for a period of at least fifteen (15) years.
  - have served in the AARC in an official capacity, i.e., national officer, Board member, committee chair or member, House of Delegates, etc., for at least seven (7) years, not necessarily consecutively.
  - have made an extraordinary contribution to the AARC and its affiliates.
  - have been active in affiliate operations and have served in an official capacity at the affiliate level.
4. By the established deadline, each nomination must be accompanied by a summary detailing the nominee's service and contributions to the AARC and its affiliates.
5. The materials will be distributed electronically to the members of the Presidents Council for their review and vote.
6. The individual receiving the highest number of votes cast for Life membership will be awarded Life Membership. In the event of a tie, the Chair of the Presidents Council will cast the deciding vote.
7. The Chair of the Presidents Council will notify the individual of his/her selection.
8. Life membership will automatically be awarded to the AARC Past President upon completion of his/her term.
9. The new Life Member(s) will be recognized during the Awards Ceremony at the AARC Congress and invited to attend the Presidents Council Luncheon.
10. Registration fees are waived for Life Members for the AARC Congress, Summer Forum, and live webcasts.

### **Honorary Membership**

1. Nominations for Honorary Membership are solicited from the AARC BOD and HOD.
2. The HOD and BOD may each submit one (1) nominee for Honorary Membership.
3. Candidates for Honorary Membership must:
  - have been active in AARC affairs for a period of at least ten (10) years or worked in a field related to the goals of the Association for at least ten (10) years.
  - otherwise be eligible for associate membership in the AARC at the time of consideration.
  - have made a special achievement or contribution to the AARC, its affiliates, or the profession of respiratory care.
4. By the established deadline, each nomination must be accompanied by a summary detailing the nominee's service and contributions to the AARC.
5. The materials will be distributed electronically to the members of the Presidents Council for their review and vote.
6. The individual receiving the highest number of votes cast will be selected to receive honorary membership that year. In the event of a tie, the Chair of the Presidents Council will cast the deciding vote.
7. The Chair of the Presidents Council will notify the individual of his/her selection.
8. The new Honorary Member will be recognized during the Awards Ceremony at the AARC Congress and invited to attend the Presidents Council Luncheon.

9. Registration fees are waived for Honorary Members for the AARC Congress, Summer Forum, and live webcasts.

### **Jimmy A. Young Medal**

1. The Jimmy A Young Medal is the highest award bestowed by the AARC.
2. Immediately following the annual meeting of the Presidents Council, the Chair of the Council shall issue an electronic call to the council for nominations for the Jimmy A Young Medal (JAY), inclusive of the selection criteria and a roster of past recipients.
3. Candidates for the Jimmy A. Young Medal must:
  - have an outstanding record of contributions to the AARC vision of professional excellence, advancement of the science and practice of respiratory care, and service as an advocate for patients, their families, the public, the profession and the respiratory therapist that are well above the usual commitment of time, efforts, or material goods.
4. Members of the Presidents Council will have ninety (90) days from the date of the call for nominations to submit nominations for the JAY Medal for the coming year. Each nomination must be submitted in a formal letter/memorandum detailing the nominee's achievements and contributions. A current C-V of the nominee must accompany each nomination and be submitted electronically to the Chair of the JAY Selection Committee within the ninety (90) day period.
5. The Chair of the Presidents Council shall appoint the JAY Selection Committee. The Selection Committee shall be comprised of five (5) members of the Presidents Council who are also past recipients of the JAY Medal. The chair of the JAY Selection Committee will be elected by members of the Selection Committee and shall serve a two (2) year term. Subsequent terms of both members and chair of the Selection Committee shall serve at the pleasure of the Chair of the Presidents Council.
6. Upon the close of receipt of nominations, all nominations and supporting documents will be distributed to each member of the JAY Selection Committee for review and full consideration. Within seven (7) days of distribution of all documents, the Chair of the JAY Selection Committee will conduct a conference call with members of the Selection Committee to discuss and determine the best-qualified nominee
7. Once a recipient has been selected, the Chair of the Selection Committee will then notify the full Presidents Council electronically of the recommendation of the Selection Committee and ask for consent for the nominee so selected. Members of the Council will have five (5) days to notify the Chair of their support for the recommended nominee.
8. Once majority consent is received, the Chair of the Selection Committee will notify the Chair of the Presidents Council who, in turn, will contact the selected nominee via telephone and inform the individual of his/her selection.
9. Once the recipient has been notified, the Chair of the Selection Committee will then notify the Editor of *AARCTimes* and the AARC Director of Membership of the new JAY Medal recipient to facilitate proper publicity and inclusion into the Award Ceremony to be held during the AARC's next Annual Congress.
10. The recipient of the JAY Medal will be invited to the next Presidents Council meeting for acknowledgement and congratulatory sentiments.

## Attachment “E”

### 2006 Bylaws Transition Document

## 2006 Bylaws Transition

The AARC approved a revised set of Bylaws that became effective in 2006. Previous Bylaws had terms of office as follows:

President-elect	1 year
President	1 year
Immediate Past President	1 year

The Bylaws that became effective in 2006 specify the following terms of office:

President-elect	1 year
President	2 years
Immediate past President	1 year

Under the 2006 bylaws, a President-elect or immediate past president, but not both, are in office during any given year. Under the previous Bylaws, both offices were filled each year. In 2006, as the AARC transitions from the old Bylaws to the new Bylaws, both a President-elect and Immediate Past President are in office. This condition will not exist following this transition year.

## Attachment “F”

### Chartered Affiliate Travel Grant Form



## REQUEST FOR CHARTERED AFFILIATE TRAVEL GRANT

Revised FEB 2017

Send this request form to:

Tony Lovio

9425 N. MacArthur Blvd., Suite 100

Irving, TX 75063-4706

Email: lovio@aacrc.org

Fax: (972) 484-2720

Affiliate \_\_\_\_\_

President \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Fax \_\_\_\_\_

Email address \_\_\_\_\_

Person Traveling \_\_\_\_\_

Dates \_\_\_\_\_

Purpose of Travel \_\_\_\_\_

### GRANT REQUEST:

Estimated Cost:

Airfare \$\_\_\_\_\_

Ground Transportation \$\_\_\_\_\_

(Allow \$15/day for hometown airport parking/transportation)

Hotel (including taxes) \$\_\_\_\_\_

Per Diem (\$50/day) \$\_\_\_\_\_

Total Estimated Cost \$\_\_\_\_\_

There are no other sponsors providing funding for this trip.

Affiliate President's Signature \_\_\_\_\_

### GRANT APPROVAL:

Percentage of Expenses \_\_\_\_\_% Maximum \$\_\_\_\_\_

AARC President's Signature \_\_\_\_\_

AMERICAN ASSOCIATION FOR RESPIRATORY CARE  
CHARTERED AFFILIATE TRAVEL GRANT

I. Purpose of the fund:

The purpose of the fund is to assist affiliates in paying for the travel expenses of **AARC officers** or **executive office staff** invited to affiliate meetings to speak about AARC issues. A grant will not be issued which duplicates funding provided by another sponsor or sponsors.

II. Authority:

- A. The AARC President must approve all grants.
- B. The AARC Executive Director must approve any executive office staff travel.

III. Grant request procedure:

- A. The Affiliate President sends a completed request form to the AARC Controller, who will forward a copy to the AARC President.
- B. The AARC president determines the amount of assistance to be granted and sends the approved request to the AARC Controller. The grant will generally be a percentage of expenses up to a maximum dollar amount. (typically, but not always, 50% of expense up to \$750).
- C. Any other funding received from other outside parties reduces the total expense to be considered in the grant determination process.
- D. The AARC Controller will advise the Affiliate President of the grant amount approved.
- E. The affiliate should acknowledge that it is receiving support from the AARC in its printed materials.

IV. Responsibility for expenses.

- A. The affiliate will be responsible for paying all travel expenses.
  - 1. Airfare: The AARC can make flight arrangements and bill the affiliate.
  - 2. Ground Transportation: The affiliate must provide any necessary transportation between the airport, hotel, and meeting site, and is responsible for the cost of airport transportation or parking in the officer's or staff member's hometown.
  - 3. Hotel: The affiliate must provide the hotel room and taxes.
  - 4. Per Diem: AARC officers and staff are entitled to \$50 per day to cover meals and incidentals.
- B. Any expenses paid by the AARC will be billed or deducted from the grant.
- C. Any other non-AARC monies received to defray our speaker's expenses must reduce the amount of expenses ultimately submitted to the AARC under this grant.

V. Payment of the grant:

Copies of paid invoices should be sent to the AARC Controller, who will then issue a check to the affiliate.

**Email processing is faster; however, if you choose not to email->**

**Fax to Tony Lovio**

**(972) 484-2720**

Please return the grant application to me. It will be then forwarded to the AARC President for review. You will be contacted when that review is complete.

Please note the following regarding the grant accounting:

Affiliate responsibility for expenses.

- A. The affiliate will be responsible for paying all travel expenses.
  - 1. Airfare: The preference is for the affiliate to arrange and pay for airfare directly. In some cases, the AARC can make flight arrangements, and bill the affiliate.
  - 2. Airfare: The AARC can make flight arrangements and bill the affiliate.
  - 3. Ground Transportation: The affiliate must provide any necessary transportation between the airport, hotel, and meeting site, and is responsible for the cost of airport transportation or parking in the officer's or staff member's hometown.
  - 4. Hotel: The affiliate must provide the hotel room and taxes.
  - 5. Per Diem: AARC officers and staff are entitled to \$40 per day to cover meals and incidentals.
- B. Any expenses paid by the AARC will be billed or deducted from the grant.
- C. Payment of the grant--Within 30 days after the meeting, an accounting with copies of paid invoices should be sent to the AARC Controller, who will then issue a check to the affiliate.