

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
Board of Directors Meeting
Grapevine, Texas, April 24, 2010

Minutes

Attendance

Tim Myers, BS, RRT-NPS, President
Karen Stewart, MSc, RRT, FAARC, President-elect
Toni Rodriguez, EdD, RRT, Past President
George Gaebler, MEd, RRT, FAARC, VP/Int. Affairs
Joseph Lewarski, BS, RRT, FAARC, VP/Ext. Affairs
Patricia Doorley, MS, RRT, FAARC
Debbie Fox, MBA, RRT-NPS
Lynda Goodfellow, EdD, RRT, FAARC
Michael Hewitt, RRT-NPS, FAARC, FCCM
Denise Johnson, BS, RRT
Douglas Laher, BSRT, RRT, MBA
Robert McCoy, RRT, FAARC
Doug McIntyre, MS, RRT, FAARC
Cam McLaughlin, BS, RRT, FAARC
Frank Salvatore, MBA, RRT, FAARC
Tony Stigall, MBA, RRT, RPSGT
James Taylor, PhD, RRT
Brian Walsh, RRT-NPS, RPFT

Guests

Bill Lamb
Sherry Peters
Tom Lamphere
Kent Christopher
Debra Skees

Consultant

Dianne Lewis, MS, RRT, FAARC, President's Council President
John Hiser, MEd, RRT, FAARC, Parliamentarian

Absent

Linda Van Scoder, EdD, RRT, FAARC (Excused)
Clifford Boehm, MD (Excused)

Staff

Sam Giordano, MBA, RRT, FAARC, Executive Director
Tom Kallstrom, BS, RRT, AE-C, FAARC, Chief Operating Officer
Ray Masferrer, RRT, FAARC, Associate Executive Director
Sherry Milligan, MBA, Associate Executive Director
Steve Nelson, RRT, FAARC, Associate Executive Director
Cheryl West, MHA, Government Affairs Director
Anne Marie Hummel, Regulatory Affairs Director
Miriam O'Day, Federal Government Affairs Director
Bill Dubbs, MHA, MEd, RRT, Director of Education & Management
Dale Griffiths, Business Development Director
Tony Lovio, Controller
Brenda DeMayo, Administrative Coordinator

CALL TO ORDER

President Tim Myers called the meeting of the AARC Board of Directors to order at 8:10 a.m. CST, April 24, 2010. Secretary-Treasurer Pro Tem Toni Rodriguez called the roll and declared a quorum.

MANAGEMENT SECTION REPORT

George Gaebler moved to accept **Recommendation 10-1-54.2** “That the AARC Board of Directors re-examine current Listserv rules as they relate to posting of surveys; and to consider modifying said rules that would allow for the posting of informal survey postings that would not require the approval of the AARC Executive Committee.”

George Gaebler moved “To table **Recommendation 10-1-54.2.**”

Motion to Table Carried

Brian Walsh moved to accept **FM 10-1-54.3** “To establish an ad hoc committee to evaluate/revise Policy No. BOD .027 ‘Policy for Surveys Conducted by the Association’ consisting of Section Directors, Michael Hewitt, Lynda Goodfellow, Bob McCoy, Doug Laher, Brian Walsh and Tony Stigall, along with Bill Dubbs, Rick Ford, George Gaebler and Sherry Milligan.”

Motion Carried

SURFACE TO AIR TRANSPORT SECTION REPORT

George Gaebler moved to accept **Recommendation 10-1-58.1** “That the AARC look at a position paper in regard to the current development of a critical care paramedic level. This ongoing program development includes very minimal training typically an hour on ventilators followed by a 2-hour hands-on lab. This then qualifies the medic to likely replace an RT in transport. There are other components such as 12 lead interpretation, etc., but the pulmonary issues are typically very weak. This could be a potential area of risk to patients. Also this may open the door for medics to replace RTs in the hospital setting.”

Karen moved “To accept **Recommendation 10-1-58.1** for information only since the Position Statement Pre-Hospital Ventilator management Competency speaks to this topic.”

Motion Carried – George Gaebler will contact the chair and advise of the Board’s comments.

SPECIALTY SECTION REPORTS ACCEPTANCE

Mike Hewitt moved “To accept the Specialty Section reports as presented.”

Motion Carried

SPECIAL COMMITTEE REPORTS

CLINICAL PRACTICE GUIDELINES REPORT

George Gaebler moved to accept **Recommendation 10-1-19.1** “The Committee has excused Mike Gentile from his duties as member of the Committee per his request effective December 21, 2009.”

George Gaebler moved “To accept **Recommendation 10-1-19.1** for information only.”

Motion Carried

George Gaebler moved to accept **Recommendation 10-1-19.2** “That the Committee has been notified of the vacancy left by Mike Gentile and hopes to get nominations to replace him before the end of April.”

George Gaebler moved “To accept **Recommendation 10-1-19.2** for information only.”

Motion Carried

George Gaebler moved to accept **Recommendation 10-1-19.3** “The Committee has suggested adding one more member to the Committee and hopes to get nominations also by the end of April.”

George Gaebler moved “To accept **Recommendation 10-1-19.3** for information only.”

Motion Carried

RECESS

President Tim Myers recessed the meeting of the AARC Board of Directors at 9:45 a.m. CST, Saturday, April 24, 2010.

RECONVENE

President-elect Karen Stewart reconvened the meeting of the AARC Board of Directors at 10:00 a.m. CST, Saturday, April 24, 2010.

POSITION STATEMENT COMMITTEE REPORT

George Gaebler moved to accept **Recommendation 10-1-26.1** “That the AARC BOD approve and publish the position statement entitled ‘Delivery of Respiratory Therapy

Services in Skilled Nursing Facilities Providing Ventilator and/or High Acuity Respiratory Care’.”

Motion Carried

SPECIAL COMMITTEE REPORTS ACCEPTANCE

George Gaebler moved “To accept the Special Committee reports as presented.”

Motion Carried

ORGANIZATIONAL REPRESENTATIVE REPORTS

SIMULATION ALLIANCE REPORT

George Gaebler moved to accept **Recommendation 10-1-78.1** “That the AARC continue dialogue with the Simulation Alliance, and conduct a survey of a select group of AARC members (education and management specialty section) to determine level of interest in participating in simulation activities, and create a list of contract information to be passed on to the Simulation Alliance.”

George Gaebler moved “To refer **Recommendation 10-1-78.1** back to the Committee for clarification.”

Motion to Refer Carried

George Gaebler moved to accept **Recommendation 10-1-78.2** “That the AARC continue to support the AARC Simulation Roundtable and accept and review a proposal from IngMar Medical Inc. to conduct a one-day consensus conference in conjunction with the next Respiratory Care Congress to lay the foundation for a laboratory practice standard for lung simulation in ventilator performance testing. This could be conducted the day before the Congress and could potentially be funded by sponsorship from ventilator and lung simulator companies. Invited attendees would be selected from thought leaders who contributed to the informal meeting sponsored by IngMar Medical at the 2009 Congress.”

George Gaebler moved “To refer **Recommendation 10-1-78.2** to the Program Committee and to also send an RFP to Rob Chatburn to complete and return to the Program Committee.”

Motion to Refer Carried

ORGANIZATIONAL REPRESENTATIVE REPORTS ACCEPTANCE

George Gaebler moved “To accept the Organizational Representative reports as presented.”

Motion Carried

ROUNDTABLE REPORTS

ASTHMA DISEASE ROUNDTABLE REPORT

George Gaebler moved to accept **Recommendation 10-1-42.1** “That the AARC begin a Listserv message to recruit new members to the Asthma Disease Roundtable.”

George Gaebler moved “To refer **Recommendation 10-1-42.1** to the President-elect.”

Motion to Refer Carried

INFORMATICS ROUNDTABLE REPORT

George Gaebler moved to accept **Recommendation 10-1-47.1** “That the AARC help the Informatics Roundtable to spearhead the development of a formal requirements document for a generic Respiratory Care Information System (RCIS) that can be added to extant EMR systems.”

George Gaebler moved “To refer **Recommendation 10-1-47.1** to the President-elect to make this a charge to this group.”

Motion to Refer Carried

George Gaebler moved to accept **Recommendation 10-1-47.2** “That the AARC consider writing a grant to facilitate the development of EMR functionality needed by the RC profession.”

George Gaebler moved “To refer **Recommendation 10-1-47.2** to the President-elect.”

Motion to Refer Carried

George Gaebler moved to accept **Recommendation 10-1-47.3** “That the AARC include a section/column in the RC Journal that focuses on RC Informatics Issues and Research.”

George Gaebler moved to amend **Recommendation 10-1-47.3** “To substitute ‘*RC Journal*’ with *AARC Times*.”

Motion to Amend Carried

Amended Motion Carried

George Gaebler moved to accept **FM 10-1-47.3a** “To refer Recommendation 10-1-47.3 to the President-elect as part of a bigger effort to include all Roundtables in such an endeavor to increase interest.”

Motion to Refer Carried

NEURORESPIRATORY ROUNDTABLE REPORT

George Gaebler moved to accept **Recommendation 10-1-40.1** “That the AARC continue to encourage AARC members to participate in the Neurorespiratory Roundtable, encourage current NR members to speak at local and state conventions and respiratory care educational forums on the respiratory management of neuromuscular diseases, and work toward development of educational modules to be included in respiratory therapy programs throughout the country.”

George Gaebler moved “To refer **Recommendation 10-1-40.1** to President-elect.”

Motion to Refer Carried

ROUNDTABLE REPORTS ACCEPTANCE

George Gaebler moved “To accept the Roundtable reports as presented.”

Motion Carried

AD HOC COMMITTEE REPORTS

AD HOC COMMITTEE ON LEARNING INSTITUTES REPORT

Toni Rodriguez advised members that the new name for this group will be AARC Leadership Institute.

AD HOC COMMITTEE REPORTS ACCEPTED

George Gaebler moved “To accept the Ad Hoc Committee Reports as presented.”

Motion Carried

AMERICAN RESPIRATORY CARE FOUNDATION REPORT

Patricia Doorley moved to accept **Recommendation 10-1-82.1** “That the ARCF be allowed to conduct a direct AARC member solicitation campaign for unrestricted donations, including e-mail, ads in AARC publications and a check-off box on the membership application and renewal forms. The funds would be used to support operations as well as other purposes of the Foundation.”

Motion Carried

RECESS

President-elect Karen Stewart recessed the meeting of the AARC Board of Directors at 11:40 a.m. CST, Saturday, April 24, 2010.

RECONVENE

President Tim Myers reconvened the meeting of the AARC Board of Directors at 11:55 a.m. CST, Saturday, April 24, 2010.

UNFINISHED BUSINESS

INTERNATIONAL MEDICAL MISSION ROUNDTABLE PROPOSAL

President Tim Myers engaged members in discussion regarding the International Roundtable. He stated that charges and the name of the Chair will be sent to members via E-mail as an E-vote.

SIMULATION ROUNDTABLE PROPOSAL

Karen Stewart moved to accept **FM 10-1-44.1** “That the AARC BOD follow the Roundtable Policy for creation of the Simulation Roundtable.”

Motion Carried

NEW BUSINESS

RATIFICATION OF APPOINTMENTS

GERIATRIC ROUNDTABLE CHARGES

George Gaebler moved to accept **FM-10-1-48.1** “To ratify the charges of the Geriatric Roundtable as follows:

1. Continue working with the AARC Times staff to assure each AARC Times issue has an article for “Coming of Age.”
2. Prepare fact sheets on what respiratory therapists should know related to the following topics suitable for publication in AARC communications or website posting:
 - a. Common respiratory prescription medications used by older adults
 - b. Immunizations for older adults
 - c. Communicating with the geriatric patient
 - d. Geriatric end of life/palliative care
3. With Executive Office Review material on yourlunghealth.org for relevance and appropriateness for geriatric population.

Motion Carried

BYLAWS DISCUSSION

Currently the Board of Directors is comprised of at least 17 members (5 officers, 6 directors at large, and 6 section chairs). However, in the interest of costs involved and in the increasing number of directors, President Myers asked members to give thought to a potential bylaws revision that would limit the number of Directors to serve on the Board.

AD HOC COMMITTEE ON PINNACLE AWARD REPORT

George Gaebler moved “To accept **Recommendation 10-1-34.1** as follows:

Department Organization and Staffing

Respiratory care utilizes evidence based practice (ex: guidelines/ pathways and/or protocols)

The department has a system in place to assess the work demand and adjust staffing appropriately to meet the needs of patients

Programs are in place to engage staff in decisions as well as identify opportunities for improvement. Evidence of programs includes any of the following

Regularly scheduled staff meetings

Shared Governance Models in place

Results of employee survey tools are utilized to monitor staff satisfaction communication and engagement.

Staff Development

- Department has an ongoing training and education programs based on an annual needs assessment.
- At least 50% of the staff hold the RRT Credential

- The department supports staff in the achievement of the RRT credential.
- Policy requiring attainment of RRT for new graduates within a specified time period
- Requirements for promotion require RRT credential

Professional Activities

- The department is active in the community by evidence of ongoing participation in events and programs sponsored through their facilities, or through other community or professional organizations. Examples of activities include:
 - The sponsoring of activities that engage patients and their families
 - Participation in respiratory professional society activities
 - Community health fairs
 - Asthma Camp or other activity of the same type

President Tim Myers ruled **Recommendation 10-1-34.1** out of order as it was not an appropriately formulated recommendation.

RECESS

President Tim Myers recessed the meeting of the AARC Board of Directors at 1:05 p.m. CST, Saturday, April 24, 2010.

RECONVENE

President Tim Myers reconvened the meeting of the AARC Board of Directors at 1:15 p.m. CST, Saturday, April 24, 2010.

LIFE AND HONORARY AWARD NOMINEES

The Board brought forth the following nominees for the Lifetime and Honorary Awards for 2010.

Lifetime Member Award

William Dubbs – Nominated by Patricia Doorley

Honorary Member Award

Miriam O’Day – Nominated by Frank Salvatore

ARCF AWARD NOMINEES

The Board brought forth the following nominees for the ARCF Awards for 2010.

Forest M. Bird Lifetime Scientific Achievement Award

Ira Cheifetz, MD – Nominated by Brian Walsh

Charles H. Hudson Award for Cardiopulmonary Public Health

Congressman Mike Ross (AR) – Nominated by Tim Myers

Thomas L. Petty, MD Invacare Award for Excellence in Home Respiratory Care

Brian Wilson – Nominated by Cam McLaughlin

James Taylor moved “To destroy the above nomination ballots.”

Motion Carried

POLICY REVIEW

Policy No. BOD.022 – Section Director Term of Office

George Gaebler moved “To amend Policy BOD.022 to replace Policy Amplification #1 with verbiage from the AARC Bylaws Article 5, Section 1a.”

Motion Carried

Policy No. BOD.023 – Board of Directors Listserv

President Tim Myers advised that Policy No.BOD.023 will be addressed as an E-vote since the attachment was not provided in the Board Book at the time of the meeting.

Policy No. CA.004 – Affiliate Revenue Sharing Agreement

George Gaebler moved “To accept Policy CA.004.”

George Gaebler moved “To amend Policy CA.004 to include ‘*as determined by the AARC Board of Directors*’ following the word ‘standing’ in the Policy Statement.”

Motion to Amend Carried

Amended Motion Carried

Policy No. CT.001 – Committee Charges

George Gaebler moved “To accept Policy CT.001.”

George Gaebler moved “To amend Policy CT.001 to include the following:

Under Policy Amplification #1, Delete “35 days” and replace with “by a deadline established by the President”

Under Policy Amplification #2, Delete “required” and replace with “encouraged”.

Under Policy Amplification #2, Delete A and B.

Motion to Amend Carried

Amended Motion Carried

Policy No. FM.016 – Travel Expense Reimbursement

President Myers advised members that Policy FM 016 will be addressed at the next meeting.

RECOMMENDATION TRACKING

George Gaebler moved “To bring back to the table **FM 08-3-83.2** “That the AARC Executive Office develop a proposal with workflow requirements and financial implications that encompass an online submission and transcript CRCE system. This system shall allow the breakdown of five or more content categories to facilitate reporting to state licensure boards and NBRC. Three of those categories should mirror the NBRC requirements of general respiratory care, neonatal/pediatrics, and pulmonary function diagnostics technology.”

Brian Walsh moved “To accept **FM 08-3-83.2** for information only.”

Motion Carried

Karen Stewart moved to accept **FM 10-3-83.2a** “To continue working toward **FM 08-83.2** by beginning with a good foundation for breaking out the CRCE’s by 2012.”

Motion Carried

TREASURER’S MOTION

Toni Rodriguez moved to accept “That the expenses incurred at this meeting be reimbursed according to AARC Policy.”

Motion Carried

MOTION TO ADJOURN

Mike Hewitt moved “To adjourn the meeting of the AARC Board of Directors.”

Motion Carried

ADJOURNMENT

President Tim Myers adjourned the meeting of the AARC Board of Directors at 1:50 p.m. CST, Saturday, April 24, 2010.

ATTACHMENT “A”

AASM Scope of Practice
For Sleep Polysomnographic Technologists

The Scope of Practice for Sleep (Polysomnographic) Technologists
Approved by
The American Academy of Sleep Medicine

Sleep Technology, also called Polysomnographic Technology, is an allied health-care occupation that embraces a unique body of knowledge and methodological skills. Sleep technologists are allied health professionals who work as part of a team under the general supervision of a licensed physician to assist in the education, evaluation, treatment and follow-up of sleep disorders patients of all ages. These professionals are specially trained to perform polysomnography and other tests used by a physician to diagnose and treat sleep disorders.

Polysomnography includes the process of analyzing, monitoring and recording physiologic data during sleep and wakefulness. This includes providing polysomnography services that are safe, aseptic, preventive, and restorative, applying the use of techniques, equipment and procedures involved in the evaluation of polysomnography for the treatment of sleep disorders that are offered during the staging, execution of and scoring of a sleep study. These procedures include, but are not limited to:

1. Implementation of a written or verbal order from a licensed physician that requires the practice of polysomnography, including home sleep testing;
2. Positive airway pressure titration on spontaneously breathing patients;
3. Supplemental low flow oxygen therapy during polysomnogram (up to six (6) liters per minute);
4. Capnography during polysomnogram;
5. Cardiopulmonary resuscitation;
6. Pulse oximetry;
7. pH probe placement and monitoring
8. Esophageal pressure;
9. Sleep staging, including surface electroencephalography, surface electrooculography, and surface submental electromyography;

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10. SURFACE ELECTROMYOGRAPHY OF ARMS AND LEGS;
11. Electrocardiography;
12. Respiratory effort including thoracic and abdominal;
13. Plethysmography blood flow;
14. Nasal and oral airflow monitoring;
15. Body temperature monitoring;
16. Audio/video monitoring of movement and behavior during sleep;
17. Monitoring the effects of positive airway pressure, used to treat sleep related breathing disorders, has on sleep patterns provided that the device does not extend into the trachea;
18. Monitoring the effects on sleep patterns of an oral device that does not extend into the trachea and that is used to treat sleep apnea;
19. Analyzing and scoring data that may be used by a licensed physician in the diagnosis and treatment of sleep and wake disorders that result from developmental defects, the aging process, physical injury, disease, or actual or anticipated somatic dysfunction; and
20. Observing and monitoring physical signs and symptoms, general behavior, and general physical response to polysomnographic evaluation.

To become a sleep technologist, an individual must complete certain educational and training requirements. While completing these requirements, students, trainees, and technicians may perform certain sleep procedures while under proper supervision. The supervision required for students, trainees, and technicians while completing these educational and training requirements include:

Polysomnographic student:

Students may provide sleep-related services while under the direct supervision of a physician, polysomnographic technologists (RPSGT), or respiratory therapist who holds the Sleep disorders Specialty (SDS) certification;

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Polysomnographic trainee:

Trainees may provide sleep-related services while under the direct supervision of a physician, polysomnographic technologist (RPSGT) or respiratory therapist who holds the Sleep Disorders Specialty (SDS) certification;

Polysomnographic technician:

Technicians may provide sleep-related services while under the general supervision of a physician, polysomnographic technologist (RPSGT) or respiratory therapist who holds the Sleep Disorders Specialty (SDS) certification.

ATTACHMENT “B”

Policy BOD.001

**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: **April 23, 2010**
DATE REVISED: **April 23, 2010**

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)
3. The **Jimmy A. Young Medal:**
 - A. **Each year at the annual meeting of the Presidents Council**, the Chair of the Presidents Council shall issue a call for nominations for the Jimmy A. Young Medal, and distribute the selection criteria and a roster of past medalists. **Members of the Presidents Council will have sixty (60) days from the date of the annual meeting of the Presidents Council to submit nominations for the Jimmy A. Young medal. Each nomination must be accompanied by** a summary of the nominee's achievements and contributions, limited to two typed pages must accompany each nomination, and must be submitted within the sixty(60) day period to the Jimmy A. Young Nominations

American Association for Respiratory Care

Policy Statement

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Policy No.: BOD.001

Committee. Nominations must be postmarked no later than 60 days from the date of the annual meeting of the Presidents Council.

•B. **The Nomination Committee shall be appointed by the Chair of the Presidents Council. The Committee is comprised of five (5) members, all of whom are Presidents Council members and past recipients of the Jimmy A. Young Medal. The chair of the Nominations Committee will be elected by members of the committee and shall serve a two (2) year term. Committee members shall serve for a term of two (2) years.**

•B. The profiles and ballots will be distributed to each member of the Presidents Council. The ballots must be post marked no later than 90 days following the Presidents Council annual meeting

C. Nominations with a summary of the nominee’s achievements and contributions shall be sent to members of the Presidents Council to the Committee within sixty (60) days from the date of the annual meeting of the Presidents Council. The Nominations Committee will review all nominations and forward a single recommendation to the Presidents Council for approval.

Within twenty-one days following the established postmark deadline for return of the ballots, the ballots will be opened and counted by a Council member appointed by the Chair. Two AARC members must witness the opening and counting of the ballots. The result will be reported to the Chair of the Presidents Council.

D. An electronic vote for approval of the Committees recommendation by the Council shall occur no later than ninety (90) days from the date of the annual meeting of the Presidents Council. Results of the vote shall be compiled by the Chair of the Nominations Committee and reported to the Chair of the Council. The Chair of the Presidents Council shall inform the new recipient of the Jimmy A. Young Medal.

DEFINITIONS:

ATTACHMENTS: D: AARC AWARD GUIDELINES

ATTACHMENT “C”

Policy FM.018

**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: **April 23, 2010**

DATE REVISED: **April 23, 2010**

REFERENCES:

Policy Statement:

1. The Board of Directors and the Audit Subcommittee will review financial transactions and auditing procedures 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.
5. The Audit Subcommittee shall meet with the outside auditors, review the audit and recommend its approval.
6. **The Audit Subcommittee should consider retaining the current partner or request obtaining another audit partner to be considered for rotation every five years.** ~~The partner, manager or representative conducting the audit should rotate every five years.~~
7. The Board of Directors and HOD officers must have a conflict of interest policy with disclosure.
8. The AARC will not provide personal loans for its directors or executives.
9. The AARC must develop and ~~ada~~opt a formal process to deal with complaints from employees and prevent retaliation.
10. 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. Orientation of the Board members should include financial training related to the organization.
2. Auditing firms should not be used to provide non-auditing services (except for tax preparation) while the firm is conducting auditing services.
3. 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.
4. The document retention policy should include guidelines for handling electronic files and voicemail messages as well as paper documents.
5. 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: