

Nurse Professional Advisory Committee New Voting Member Orientation

As a new voting member of the Nurse Professional Advisory Committee (N-PAC), you will be expected to be familiar with multiple aspects of PAC operations and available resources. Each new member will be expected to review the recommended processes, guidelines, and procedures in order to be determined positionally competent to fulfill your commitment as an N-PAC voting member. Please complete each of the required readings and initial each of the assignments upon completion. Once the orientation is completed, the check list will be signed, scanned, and then forwarded to the N-PAC Executive Secretary for maintenance.

_____ N-PAC New Voting Member Orientation Guide-Complete the Following Items

- <http://phs-nurse.org/n-pac-new-member-orientation-guide>

_____ 2014 N-PAC Chair Welcome

_____ N-PAC Charter

_____ N-PAC Bylaws

_____ N-PAC Accomplishments

_____ N-PAC Leadership and fellow N-PAC members(current voting members, Sub-Committee Chairs & Ex-Officio List)

_____ N-PAC Organization Chart

_____ Voting Member Responsibilities

_____ Understand requirement for choosing your N-PAC alternate

_____ N-PAC meetings section and review the N-PAC meeting minutes Archive

_____ N-PAC Planning Calendar

_____ N-PAC Sub Committee Operating Procedures

_____ Review each of the N-PAC Sub-Committees Goals, Objectives, and Resources

_____ Nurse Resource Manual (Review)

- <http://phs-nurse.org/wp-content/uploads/2013/07/Nurse-Resource-Manual-2013.pdf>

_____ Career Development Resources Web Page (Review)

- <http://phs-nurse.org/career-development-resources>

Name (Print) _____ Agency _____

Signature _____ Date _____

Nurse Professional Advisory Committee New Voting Member Communication Plan

_____ Each new voting member will meet with the outgoing agency voting member to discuss communication strategy, N-PAC operations, mentoring, and any other pertinent information which will increase the success and transition of the newly elected voting member. Please insert the required information.

- **Outgoing Voting Member:**
 - Agency:
 - Name and Rank:
 - Contact Information:
 - Date of Communication:
- **Newly Elected Voting Member:**
 - Agency
 - Name and Rank
 - Contact Information:

_____ Each new voting member will contact the agencies chief nurse, liaison (or both), and current agency voting members in order to introduce yourself, establish N-PAC involvement and expectations, and to establish, discuss, or refine an agency specific communication plan.

- **Chief Nurse:**
 - Agency:
 - Name and Rank:
 - Contact Information:
 - Date of Communication:
- **Agency Liaison:**
 - Agency:
 - Name and Rank:
 - Contact Information:
 - Date of Communication:
- **Voting Member:**
 - Agency:
 - Term Dates:
 - Name and Rank:
 - Contact Information:
 - Date of Communication:
- **Voting Member**
 - Agency:
 - Term Dates:
 - Name and Rank:
 - Contact Information:
 - Date of Communication

Nurse Professional Advisory Committee New Voting Member Communication Plan

____ **Agency specific communication plan.** In order to enhance communication and dissemination of N-PAC activities, a communication plan will be established. In collaboration with the chief nurse, agency liaison, and current agency N-PAC voting members; a communication plan will be established in order to effectively disseminate and/or solicit topics of interest which are discussed or require representation during N-PAC general and business meetings. The plan will include the following:

- *Goals and Objectives*
- *Target Audience Defined*
- *Communication Strategy*
- *Implementation Plan*
- *Evaluation*

N-PAC voting members will be required to submit a communication report to the N-PAC chair via the Executive Secretary based on set intervals determined by the current N-PAC chair. A copy of the communication plan will be integrated into this current document and given final approval by the N-PAC chair.

Communication Plan

Goals and Objectives:

Target Audience Defined:

Communication Strategy:

Implementation Plan:

Evaluation Plan:

Agency _____

NPAC Chair Name (print) _____

Approval _____, 20____, N-PAC Chair

Required reporting interval _____

*******Copies of this communication plan will be maintained by the N-PAC executive secretary.**