



2017 State Assembly Leadership Achievement Award Application

Association of Surgical Technologists • ast.org • stateassembly.ast.org
6 W Dry Creek Cir, Ste 200 • Littleton, CO 80120-8031
P: 303.325.2516 • stateassembly@ast.org

Active state assemblies are the future of the Association of Surgical Technologists' strength and success. The Association of Surgical Technologists gives special recognition to those state assemblies that demonstrate outstanding leadership within their states.

- ▶ To recognize excellence in leadership and member development, communication, education and community relations
- ▶ To encourage quality state management
- ▶ To recognize with distinction and visibility that efforts and results of meaningful activities that build a strong state
- ▶ To benchmark standards

Qualifications and Rules:

- ▶ Held one annual meeting per year
- ▶ Held at least two workshops per year
- ▶ Annual & Midyear Reports submitted by deadline
- ▶ Correct number of BOD and rotation
- ▶ Create marketing activity
- ▶ Media coverage
- ▶ Student involvement
- ▶ Instructor involvement
- ▶ Public education
- ▶ Up to five (5) awards will be awarded per year

When your state meets the above criteria, please fill out the attached eligibility form and submit your completed form to the AST National Office at stateassembly@ast.org.

Selection

All certification forms received in the AST national office by January 31, 2018 will be eligible for one of the five National AST Leadership Awards. Each year the winners will be selected by the SALC Committee of AST. Each entry will be judged independently and the winners will be announced at the 49th AST Annual National Conference in Orlando, Florida.

YOUR STATE'S REWARD: What recognition will my state receive?

1. Every state assembly awarded the Leadership Award will receive recognition at the AST National Conference Open Ceremony.
2. Each state official on the state board will receive a pin representing "Winner of the State Assembly Leadership Achievement Award."
3. Each state winner receives recognition in a feature article about their state in The Surgical Technologist.
4. Each state who wins a Leadership Award will receive a pennant that announces the state as a winner of this prestigious award to hang at state meetings.

Eligibility and Entry Preparation:

1. Any AST approved state assembly may submit an entry.
2. Entry form MUST be completed by the state president for the period of January 1 – December 31, 2017.
3. Entry must be typed or computer-generated in the format that follows.
4. Additional information to support qualification will be accepted.
5. A state may receive this award only once every three years; from the date the award was received. Example: A state received the award in 2014 for 2013 qualifying year; therefore can apply again beginning in 2017 with the award(s) at the 2018 AST conference.
6. All entries will become the property of AST and will not be returned.
7. Winners of the Leadership Award will be determined by the cumulative total of points earned.

Entry Deadline: All entries must be received by January 31, 2018



State Assembly Leadership Achievement Award Application

FOR JANUARY 1 – DECEMBER 31, 2017 AWARD YEAR

STATE ASSEMBLY NAME _____

- ▶ There is a maximum of 5 points for each category 1-10 below with a maximum total of 50 points.
- ▶ A state must receive at least 40 of the 50 possible points (80%) to be eligible.
- ▶ Winners of the Leadership Award will be determined by the cumulative total of points earned.

1. IS IN ACCORDANCE WITH BYLAWS

CORRECT NUMBER OF BOARD MEMBERS AND IN CORRECT ROTATION

BOARD MEMBERS NAME	POSITION	TERM EXPIRES (month/year)
_____	President	_____
_____	Vice President	_____
_____	Treasurer	_____
_____	Secretary	_____
_____	Director	_____
_____	Director	_____
_____	Director	_____
_____	Director	_____
_____	Director	_____
<input type="checkbox"/> 2016 Annual Report Submitted to AST by 1-31-2017	Date submitted	_____
<input type="checkbox"/> 2016 Financial Report & All Documentation Submitted by 1-31-2017	Date submitted	_____
<input type="checkbox"/> 2017 Financial Midyear Report and All Documentation by 7-31-2017	Date submitted	_____

Note: If State Assembly is not in accordance with above bylaws and report submission deadlines, the application will be not be considered.

2. 2017 ANNUAL MEETING

LOCATION: _____

DATE: _____ QUORUM (# OF VOTING MEMBERS PRESENT): _____

ELECTION RESULTS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. 2017 HELD AT LEAST TWO WORKSHOPS

DATE	LOCATIONS	CEs OFFERED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. OUR STATE TOOK PART IN LEGISLATIVE ACTIVITIES DURING THE YEAR (please describe)

Examples of activities: Forming a legislative action team; Interviewing and selecting a lobbyist with participation of AST Government Affairs; Filing certification legislation in conjunction with AST Government Affairs; Pre-filing legislation to engage public officials; Mobilizing at least 25 State Assembly members in a grassroots campaign; Offering testimony in support of legislation.

5. MARKETING

A. NEWSLETTER (SUBMIT SUPPORTING DOCUMENTATION)

DATES PUBLISHED _____

B. WEBSITE

LAST UPDATE _____

C. MEMBER OF STATE PUBLISHED IN AST OR OTHER MEDICAL JOURNAL (SUBMIT SUPPORTING DOCUMENTATION)

NAME	DATE	JOURNAL NAME
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. BOARD CONTACTS NEW MEMBERS

WHO CONTACTS THEM AND HOW (explain)

E. CONTACT LAPSED MEMBERS

WHO CONTACTS THEM AND HOW (explain)

F. BOARD MEMBERS VISIT SCHOOLS AND SPEAK WITH STUDENTS

BOARD MEMBER NAME	SCHOOL NAME	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

G. UTILIZE SOCIAL NETWORKING TO REACH MEMBERS

WHO CONTACTS THEM AND HOW (explain)

H. INVOLVED MEMBERS IN DIFFERENT AREAS OF THE STATE

HOW IS THIS DONE? (explain)

I. OTHER

6. OUR STATE INTRODUCED THE GENERAL PUBLIC TO SURGICAL TECHNOLOGY

A. CAREER DAYS

PLACE	DATE	NAMES OF MEMBERS PRESENT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. SPEAKING ENGAGEMENT TO OTHER ORGANIZATIONS

ORGANIZATION NAME	DATE	NAMES OF MEMBERS PRESENT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. COMMUNITY OUTREACH (DESCRIBE)

D. OTHER (PLEASE LIST SPECIFIC DATES AND PARTICIPANTS)

7. MEDIA COVERAGE

MEDIA TYPE	MEDIA TITLE	DATE RELEASED	NAME OF MEMBER WHO SUBMITTED THE MEDIA TYPE	CITY	STATEWIDE
Newspaper	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Radio	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Television	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

MUST INCLUDE THE MEDIA TYPE, THE MEDIA TITLE, DATE RELEASED, AND NAME OF THE MEMBER WHO SUBMITTED THE MEDIA TYPE (SUBMIT SUPPORTING DOCUMENTATION). AN ITEM WILL NOT BE GIVEN CREDIT IF ALL INFORMATION IS NOT INCLUDED.

8. STUDENT INVOLVEMENT

A. STUDENTS ASSIST WITH WORKSHOP

STUDENT NAME	STUDENT SCHOOL	WORKSHOP DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. HOW WERE STUDENTS INVOLVED (REGISTRATION, SPEAKER INTRODUCTIONS, ETC.)

C. STUDENT TRACK OFFERED AT WORKSHOPS

WORKSHOP NAME	TOPIC	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. QUIZ BOWL

STUDENT NAME	STUDENT SCHOOL	WORKSHOP DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. STATE ASSEMBLY MEMBERS AND SURGICAL TECHNOLOGY STUDENTS PARTICIPATED COLLABORATIVELY IN A COMMUNITY SERVICE PROJECT (FOOD DRIVE, CANCER WALK, SOUP KITCHEN, ETC.)

SERVICES PROVIDED	SCHOOL NAME	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. OTHER

9. INSTRUCTOR INVOLVEMENT

A. INSTRUCTORS ATTEND WORKSHOPS WITH STUDENTS

INSTRUCTOR NAME	SCHOOL NAME	WORKSHOP NAME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. INSTRUCTOR INVOLVEMENT IN SA COMMITTEE OR BOARD POSITION

INSTRUCTOR NAME	SCHOOL NAME	SA INVOLVEMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. INSTRUCTORS PROMOTE MEMBERSHIP AND INVOLVEMENT IN STATE ASSEMBLY AND AST (EXPLAIN)

10. MEMBERSHIP (AST USE ONLY)

A. NUMBER OF MEMBERS AS OF DECEMBER 31, 2017: _____

B. MEMBERSHIP INCREASE — FROM 2016 TO 2017: _____


For membership increase:

0–3% = 1 point | 4–6% = 2 points | 7–9% = 3 points | 10–12% = 4 points | 13% or more = 5 points

This is to certify the _____ State Assembly has met the preceding requirements, and is thus eligible for the 2017 AST Leadership Achievement Award.

President’s Signature _____ **Date Submitted** _____

(e-signature accepted)



Submit application by email attachment to stateassembly@ast.org.
Fax or mail submissions not accepted.