# How to complete your NAON Chapter’s electronic Annual Reports

All forms must be completed and returned by May 1, 2025. Fill in information as you have previously done on the paper versions of these forms. Please contact your CAT representative or the National Office with any questions about any of the reports.

## Overall Annual Chapter Report

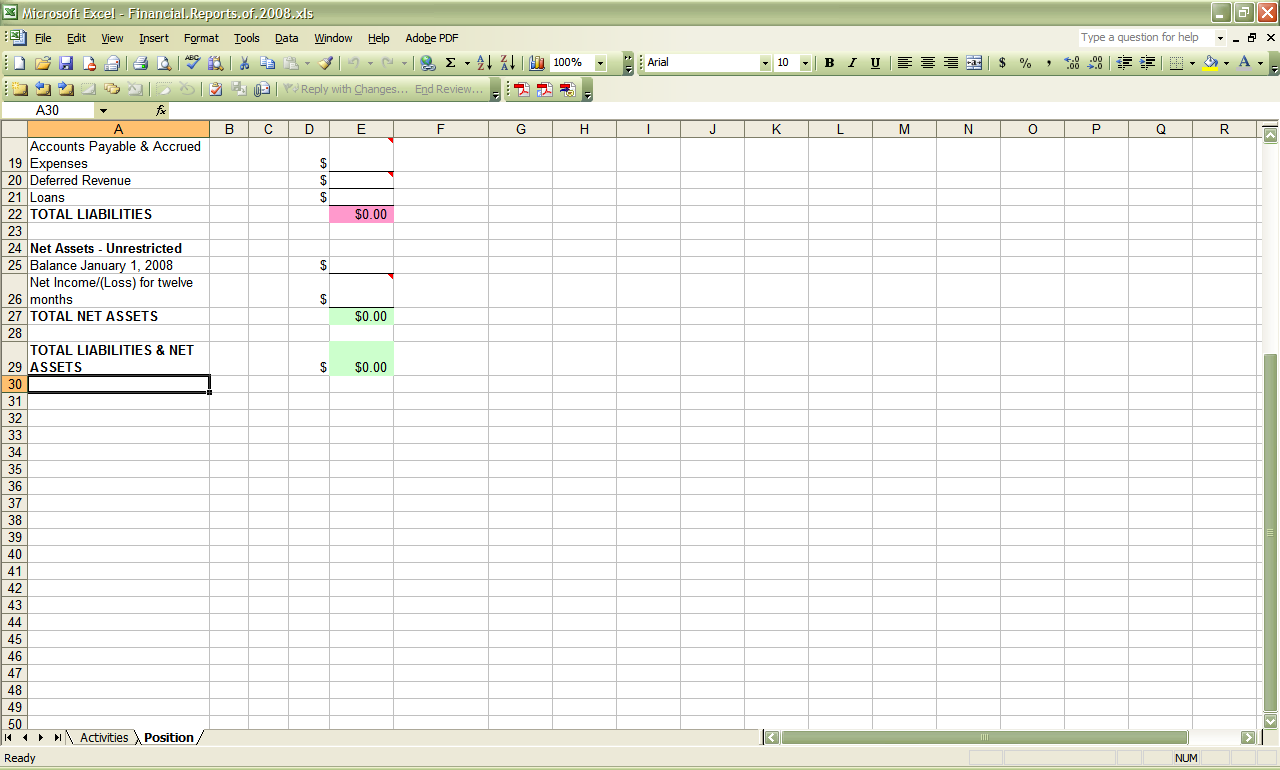
* This is a combined document from the previous reports.
* **Complete and submit both pages**.
* Use this document as a checklist to confirm that all forms are complete and submitted

## Officer Roster

* Fill in the standard information as indicated on the form. (Only NAON members may be officers on record.)
* **All communication from the National Office and CAT to the Chapters is based on the leadership information provided here.**

## Financial Report

* Complete the information **on both tabs** of the Excel Workbook.



* The form is designed with “macros” in place. If asked during the download – accept the macros. **These will allow the sheet to automatically calculate all the figures.**
* If you are unsure of the information requested in each box, putting your mouse arrow in the text box will show a “hint” box.
* Fill in “0” where appropriate

## Report Forms

* Can be downloaded from <https://www.orthonurse.org/Members/Chapters-Affiliates> or requested from the National Office
* Must be completed electronically and returned via e-mail
* Should be saved as “Chapter##-Officer Roster” or “Chapter##FinancialReport” etc.
* Should be e-mailed to [naon@orthonurse.org](mailto:naon@orthonurse.org), CAT Chairperson, and your CAT representative no later than May 1st.

Overall Annual Chapter Report

All Annual Reports are due May 1st

Submit to your CAT Representative & National Office

Chapter Name, Number:

Current Chapter Membership:

Completed by (include office/position):

Submitted by (include office/position):

## Form Checklist

Annual Chapter Status Sheet

Officer Roster 2024-2026

Financial Report (Position Tab & Activities Tab)

Report of Scholarships (if needed)

## Programs/Workshop Information

(January 2024 – December 2024: include dates, titles, and number of education hours provided along with a copy of the event publicity flyer for each listed event):

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Title** | **NAON Approved?** | **# Ed Hrs.** |
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Bank Information

Name:

Address:

### Account Information

Savings Account Number:

Name(s) on Account:

Checking Account Number:

Name(s) on Account:

Has your CAT Rep stayed in contact with your chapter over the last year?

## Have you used the online Chapter community forums this past year?

## Activity in your chapter this year:

(Events, meetings, fundraisers – do not need to include programs listed in #1)

## Are copies of your Attendee lists, program flyers, and duplicate certificates (from education programs) included in your Chapter files for 2024?

(If no, be sure to keep copies of these records in the future)

## Challenges or concerns to share with the Chapter Advisory Team and/or Executive Board:

## Successes (formerly Challenges) or concerns to share with the Chapter Advisory Team and/or NAON Executive Board:

## Objectives & Goals for coming year:

(I.e. gain 5 new members, host ONC Review course, participate in arthritis walk)

New Chapter Officers

## 2024 - 2025 Roste6

Return form by May 1st to the National Office at [naon@orthonurse.org](mailto:naon@orthonurse.org)

Chapter elections should occur in **January, February or March** with names submitted to the National Office by **May 1st** of each year to facilitate communication. **If your elections are not completed by May 1st, please send an update by May 1st**. New officers take office after Congress for a **term beginning June 1 and ending May 31.**

Chapter Name:

Chapter Number:

Current Membership (Number of Members in Chapter):

Date:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office** | **Term Dates** | **Name** | **Preferred Phone (Work/Home)** | **Email address**  **(mandatory for communication)**  ***\*Please, no work emails*** |
| President | 6/1/2024  to  5/31/2026 |  |  |  |
| President-Elect | 6/1/2024  to  5/31/2026 |  |  |  |
| Treasurer | 6/1/2024  to  5/31/2026 |  |  |  |
| Secretary | 6/1/2024  to  5/31/2026 |  |  |  |

*\*Phone numbers and email addresses must be ones that the CAT Representative can use to contact officers easily. If a work email address is used, be sure filters will not prevent the communication being received.*

# Report of Scholarships/Grants Given

Year:

Chapter Name & Number:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Event** | **Date** | **Amount Given** |
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