

Merit Point Worksheet

Please attach a copy of Current National AACN membership card, Current Local Chapter membership card, and copies of others cards where specified below.

ACTIVITY	COMMENTS	POINTS	TOTALS
SFVAACN Chapter Member Since 19____	(copy of card)	(1pt. / yr)	_____
AACN Member Since 19____	(copy of card)	(1pt. / yr)	_____
CCRN Certification	(copy of card)	(5)	_____
Other Specialty Certification	(copy of card)	(5)	_____
Recruited New Member in past 12 months		(10/person)	_____
Current Hospital Liaison Person SFVAACN		(5)	_____
Current SFVAACN Chapter Officer or Chairperson		(20)	_____
Current SFVAACN Chapter Committee Member (Specify)		(10)	_____
Current AACN Officer / Committee Member (Specify)		(10)	_____
AACN Workshop(s) (within last 12 months) _____		(4 pts./each)	_____
AACN Sponsored Workshops (within last 12 months) _____		(2pts./Limit 2)	_____
Articles Written for SFV Newsletter (Specify issue and article) _____		(5 pts. each)	_____
Articles Written for Publication (Specify journal, issue and title) _____		(3 pts. each)	_____
Community Service / Health Related Events. (within the last 12 months) _____		(2 pts. each)	_____
Recruited Participants for SFV Chapter Activities (within the last 12 months) _____		(1 pt./person)	_____
Attendance in SFV Sponsored Activities (within the last 12 months) _____		(4 pts. each)	_____
Past President		(5 pts.)	_____

GRAND TOTAL _____