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**RESOLUTION PROPOSAL FOR SUBMISSION TO LSNA MEMBERSHIP ASSEMBLY CONTACT INFORMATION OF SUBMITTER(S):**

**NAME: DISTRICT:**

**E-MAIL ADDRESS:**

**PHONE: FAX:**

**MAILING ADDRESS:**

**CITY: STATE: LA ZIP:**

**NAME OF RESOLUTION:**

**DATE SUBMITTED TO RESOLUTION AND BYLAWS COMMITTEE:**

**TYPE OF RESOLUTION:**

* **Courtesy Resolution:** commending an individual or organization.
* **Commemorative Resolution:** memorialize an event/date
* **Substantive Resolution:** A call to action on any issue, other than legislative issue, requiring LSNA

to establish strategies and pursue actions that utilize human, fiscal and/or political resources of the Association.

* **Legislative Resolution:** A statement that calls for a specific legislative action.
  1. Level I: Monitor legislative/ regulations and provide information to LSNA members through LOUISIANA NURSING.
  2. Level II: Endorse legislation/regulations and provide testimony as appropriate.
  3. Level Ill: Organize and join coalition(s) promoting legislation/regulations.
  4. Level IV: Introduce legislation and actively lobby for passage.
* **Emergency Resolution:** an issue of great impact and relevance to nursing/healthcare that was unknown prior to submission deadline.

**BRIEF DESCRIPTION/SCOPE OF THE ISSUE:**

**RESOLUTION**

**RESOLUTION/TITLE:**

**WHEREAS (FACTS)**

**BE IT RESOLVED/DESIRED ACTION:** (State precisely the action desired and by whom.)

**RATIONALE:**

**FISCAL IMPACT:**

**BIBLIOGRAPHY, USING APA FORMAT:** (When appropriate)