Toolkit for

Networking Chapters, Regional Liaisons, & Cooperative Alliances

Inside this toolkit

General

Information 1

Networking

Chapters 2-3

Cooperative

Alliance

4

Regional

Liaisons

5

7

Contact

Information 6

Networking

Chapter Form

Regional Liaison

Cooperative

Alliance Forms 8

What is a TCNS Networking Chapter Toolkit?

The toolkit provides information and resources about starting and participating
with an Area Networking Chapter, Regional Liaison, or Cooperative Alliance of the
Transcultural Nursing Society (TCNS). Additional information and regional contact
information can be requested through the Transcultural Nursing Society Central
Office: staff@tcns.org.

What is the purpose of a TCNS Networking Chapters, Regional Liaisons, and Cooperative Alliances?

 To support individuals and groups as they enact the mission, vision and goals of the Transcultural Nursing Society.

Mission: The mission of the TCNS is to enhance the quality of culturally congruent, competent, and equitable care that results in improved health and well being for people worldwide.

Vision: The TCNS seeks to provide nurses and other health care professionals with the knowledge base necessary to ensure cultural competence in practice, education, research, and administration.

Philosophy/Values: TCN is a theory based humanistic discipline, designed to serve individuals, organizations, communities, and societies. Human care/caring is defined within the context of culture. Culturally competent care can only occur when culture care values are known and serve as the foundation for meaningful care. Scholarship* is the foundation of the discipline of TCN. Advanced educational preparation in TCN enhances the practice of culturally competent care. Certification documents evidence of the ability to provide culturally competent care. To achieve our vision, the TCNS requires a stable financial base.

Goals of the TCNS

- -To advance cultural competence for nurses worldwide
- -To advance the scholarship (substantive knowledge) of the discipline
- -To develop strategies for advocating social change for cultural competent care
- To promote a sound financial non-profit corporation

*Scholarship in nursing can be defined as those activities that systematically advance the teaching, research, and practice of nursing through rigorous inquiry that 1) is significant to the profession; 2) is creative; 3) can be documented; 4) can be replicated or elaborated; and 5) can be peer-reviewed through various methods. http://www.aacn.nche.edu/Publications/positions/scholar.htm



Toolkit for

Networking Chapters, Regional Liaisons, & Cooperative Alliances

Inside this toolkit

General
Information 1

Networking

Chapters 2-3

Cooperative Alliance

Regional
Liaisons 5

4

Contact
Information 6

Networking
Chapter Form 7

Regional Liaison
Cooperative
Alliance Forms 8

What is a TCNS Networking Chapter?

A Networking Chapter is a formally recognized unit approved by the Board of Trustees. Chapter members are members of the Society who usually share common geographic areas and adhere to the rules and by-laws of the Society. Chapters may call meetings at any time and conduct conferences related to the purposes of the Corporation.

How do I start a Networking Chapter?

First, you <u>must</u> be a <u>member of the Transcultural Nursing Society</u>. Then you must identify your local area and interested Transcultural Nursing Society Members and potential members. Then you must fill out the *Petition for Networking Chapter Registration*. The petition is then submitted to the Transcultural Nursing Society Central Office. The office will review the application and contact the listed representative with any questions or information that is required. The application will then go to the Member -at-Large and the Board of Trustees for review, discussion, and vote. If approved for a chapter, you will be contacted by the TCNS Central Office with information and instruction regarding your newly formed chapter. If there is further information the Board requires, you will be contacted by the central office. If a chapter petition is denied, you will be contacted by the TCNS Central office with the information and the reason. The time frame for completion is based on the Boards' meeting schedule and can take anywhere from 30 to 90 days.

How do I determine my regional area?

Regional areas are usually determined by the location of the city where your chapter will hold most of its meetings. For instance: **Denver Area Networking Chapter of TCNS.**

Who can join my Networking Chapter?

Any individual who is a member of the Transcultural Nursing Society may participate within a chapter. An individual may attend an informational meeting regarding joining a chapter prior to becoming a member. All members of chapters must be members of the Transcultural Nursing Society.

What Networking Chapter(s) can I participate in?

TCNS members may participate in any chapter(s) they choose, regardless of geographic location. Click here to view a list of current chapters and member contact information.

How are Networking Chapters organized?

After being approved as an official Transcultural Nursing Society Networking Chapter and having your geographical region approved, you would form a Board to oversee your activities. The Board may consist of only a few positions to start such as President, Vice President, and Secretary and expand as necessary. You must designate one person to be the contact for information with the parent organization, the Transcultural Nursing Society, and submit that name and contact information to the TCNS Central Office.



Toolkit for

Networking Chapters, Regional Liaisons, & Cooperative Alliances

Inside this toolkit General Information 1 **Networking Chapters** 2-3 Cooperative **Alliance** 4 Regional Liaisons 5 Contact Information 6 **Networking Chapter Form** 7 **Regional Liaison** Cooperative

Alliance Forms

How often do Networking Chapters meet?

The meeting schedule for chapters is determined by the chapter itself. Generally speaking, quarterly meetings would be suggested.

What information do I need to supply to TCNS after my Networking Chapter has been formed?

The chapters need to check in with the Central Office on a quarterly basis with a list of members who are participating within that chapter, along with any scheduled activities. Contact information, described in the next section, will be supplied to you after the approval of your chapter.

What support can I anticipate from the Transcultural Nursing Society?

The primary contact for a Networking Chapter is the TCNS Central Office. The Central Office can support chapters by answering questions, providing resources and information, and providing lists of members to contact in your regional area. In addition, give assistance with local programs and contacts for potential speakers, any issues regarding TCNS membership and/or organizational issues. TCNS will also post information regarding your chapter meetings and activities on our website and in our newsletter.

Do Networking Chapters have bank accounts?

Chapters do not have bank accounts unless they are approved to become separately incorporated while still operating under the parent organization. If a chapter wishes to have a program and charge a fee, the chapter should contact the Central Office for more details. If a chapter wishes to seek separate incorporation, they need to contact the TCNS Director of Operations for more information.

Can Networking Chapters have programs that also offer CEU's?

Yes, there are several ways that a program can be facilitated (see information in next section regarding granting of actual contact hours). A Chapter must have the program approved by TCNS prior to using the Chapter name and TCNS logo for advertising. You <u>must</u> submit your program information to the Central Office for approval. Depending on the content, it may have to be approved by the TCNS Board of Trustees, so please allow 90 days for the process to be completed. Please contact the Central Office; we are happy to assist you.

Does TCNS grant contact hours?

TCNS does not grant contact hours. Local programs may need to seek CEU's through a local organization. If the program is being brought to the local area by TCNS, then TCNS will seek approval for the contacts hours through our provider.



Toolkit for

Networking Chapters, Regional Liaisons, & Cooperative Alliances

Inside this toolkit

General

Information 1

Networking

Chapters 2-3

Cooperative

Alliance

4

5

6

Regional

Liaisons

Contact

Information

Networking

Chapter Form 7

Regional Liaison

Cooperative

Alliance Forms 8

What is a Regional Liaison?

A Regional Liaison is an individual who serves as a contact for the purposes of promoting membership and interest in the Society. Regional liaisons serve geographical areas that do not have a designated Chapter.

How do I become a Regional Liaison?

First you <u>must</u> be a <u>member of the Transcultural Nursing Society</u> and then identify the region you wish to serve. Then fill out the *Petition for Regional Liaison and Cooperative Alliance* form. Then submit the form to the TCNS Central Office. The office will review the information and contact you with any questions or further information that is required. The form will then go the TCNS Member-at-Large and the Board of Trustees for approval. You will be contacted as soon as that process is complete. The time frame for completion is based on the Boards' meeting schedule and can take anywhere from 30 to 90 days.

How do I determine my regional area?

Regional areas are usually determined by where you live and work. A geographical area where you have a large number of contacts. For instance: **Denver Area Regional Liaison** or **Colorado Regional Liaison**.

What are the duties of a Regional Liaison?

A Regional Liaison is a point of contact person for information regarding the Transcultural Nursing Society and local transcultural nursing opportunities and programs. He/she is a networking contact to help serve members and potential members who would like information on the topic of transcultural nursing and the Society.

What support can I anticipate from the Transcultural Nursing Society?

The primary contact for Regional Liaisons is the TCNS Central Office. The Central Office supports Regional Liaisons by answering questions, providing resources and information, assistance with issues regarding TCNS Membership or organizational issues. TCNS will also post information regarding regional resources and activities on our website and in our newsletter.



Toolkit for

Networking Chapters, Regional Liaisons, & Cooperative Alliances

Inside this toolkit

General

Information 1

Networking

Chapters 2-3

Cooperative

Alliance 4

Regional

Liaisons

5

Contact

Information 6

Networking

Chapter Form 7

Regional Liaison

Cooperative

Alliance Forms 8

What is a Cooperative Alliance?

A Cooperative Alliance is an individual or organization that collaborates with the Society for the purposes of educational exchanges, joint conferences, mutual support, and promotion of joint membership of its members.

How do I form a Cooperative Alliance?

First you <u>must</u> be a <u>member of the Transcultural Nursing Society</u>. Then you need to fill out the *Petition for Regional Liaison and Cooperative Alliance* form. Then you submit the form to the TCNS Central Office. The office will review the information and contact you with any questions or further information that is required. The form will then go to the TCNS Member-at-Large and the Board of Trustees for approval. You will be contacted as soon as that process is complete. The time frame for completion is based on the Boards' meeting schedule and can take anywhere from 30 to 90 days.

What support can I anticipate from the Transcultural Nursing Society?

The primary contact for a Cooperative Alliance is the TCNS Central Office. The Central Office supports Cooperative Alliances by answering questions, providing resources and information, along with assisting with any issues regarding TCNS membership or organizational issues. TCNS will also post information regarding Cooperative Alliance activities on our website and in our newsletter.



Toolkit for

Networking Chapters, Regional Liaisons, & Cooperative Alliances

Inside this toolkit General Information 1 Networking Chapters 2-3 Cooperative

Alliance

Regional

Liaisons

Information

Contact

4

5

6

Networking
Chapter Form 7

Regional Liaison
Cooperative
Alliance Forms 8

Does TCNS have banners with the logo that Networking Chapters, Regional Liaisons, and Cooperative Alliances can use?

We have a few banners and occasionally may allow chapters to borrow one for a program, if they are not already in use. Banners may only be used at approved functions and with approved use of logo requests.

Can I use the TCNS name and logo?

The TCNS name and logo use are granted after the **use of logo application** is filled out and submitted to the Central Office. Please review the policy and form that is located on our **website**. The form must be filled out anytime that the logo is used on flyers, programs, mailings, or any other materials. Chapters, Regional Liaisons, and Cooperative Alliances must have these activities approved and notify the central office of all meetings/activities where the logo will appear.

Where are the TCNS membership forms and information?

Membership forms and information can be found on the TCNS website: **www.tcns.org** . Please be sure to pay attention to the requirements needed to qualify as a full time student in order to receive the student rate.

Where can I find the forms to become a Networking Chapter, Regional Liaison, or Cooperative Alliance?

The Networking Chapter, Regional Liaison, and Cooperative Alliance forms are included in this packet and may also be found on the TCNS website under the **Chapter links**.

Who do I contact if I have questions or issues?

Networking Chapters, Regional Liaisons, and Cooperative Alliances may contact the TCNS central office at: 1 (888) 432-5470 or email staff@tcns.org with any questions, concerns, or issues they may be having. Additional contact information is listed below.

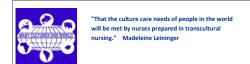
| Transcultural Nursing Society Contact Information | | | | | | |
|---|--|--|--|--|--|--|
| Central Office | 1-888-432-5470 (Toll Free) | | | | | |
| Lisa Dobson | 1-734-780-4853 or Email: | | | | | |
| TCNS Director of Operations | Idobson@tcns.org | | | | | |
| Mailing Address | Transcultural Nursing Society 37637 Five Mile Rd., #319 Livonia, MI 48154-1543 | | | | | |
| Email | staff@tcns.org | | | | | |
| Website | www.tcns.org | | | | | |





Transcultural Nursing Society PETITION FOR NETWORKING CHAPTER REGISTRATION

| TCNS Networking Chapter of _ | | | | | | | | | | |
|---|-------------|-------------------|---------------|-------------|---------------------|----------|--|--|--|--|
| (Name of city/state/region) Example: Denver | | | | | | | | | | |
| CHAPTER PR | ESIDE | NT INFORM | IATION | | | | | | | |
| Name: | | | | Date: | | | | | | |
| Home Address: | | | | | | | | | | |
| City: | State: | | |): | Country: | | | | | |
| Email Address: | | | | ' | | | | | | |
| Credentials: | | | | | TCNS Member: YES NO | | | | | |
| Current Student: YES NO | Cu | irrent Program of | Study: | | | | | | | |
| CHAPT | ER INF | ORMATIO | N | | | | | | | |
| Geographic borders of chapter by region – city, state, country: | | | | | | | | | | |
| Where will Chapter be housed: | | | | | | | | | | |
| Address: | | | | | | | | | | |
| City: | State: | | | Zip Code: | | Country: | | | | |
| Contact E-mail: | Contact Pho | | | ne: | | | | | | |
| Please describe your proposed purpose and activities for the chapter. List current TCNS members involved in the formation of the chapter. (There is no minimum number of members required to start a chapter) | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| (Please attach separate sheet if more room is needed) | | | | | | | | | | |
| Chapter Participants - Application Signature | | | | | | | | | | |
| Number of members in chapter: | Cha | apter Members a | e members o | of TCNS: Y | ES NO | | | | | |
| Signature of Applicant: | | | | Date: | | | | | | |
| | | USE ONLY | | | | | | | | |
| 11 | Date: | | | Approved | Decli | | | | | |
| Further Information Requested: | | ALL DO | CUMENTA | TION INCLUE | DED: YES | NO | | | | |
| Transcultural Nursing Society 37637 Five Mile Rd., #319 | | | | | | | | | | |
| Livonia, MI 48154-1543 | | OR | EMAII | TO: STAFF@7 | TCNS.ORG | | | | | |



Transcultural Nursing Society PETITION TO BECOME A REGIONAL LIAISON OR COOPERATIVE ALLIANCE

| REGIONAL LIAISON INFORMATION | | | | | | | | | |
|--|--|--|----------------|-----------------|----------|------------|----|--|--|
| Application for: INDIVIDUAL or ORGANIZAT | TION | Organization Name: | | | | | | | |
| Region to be Served: | | | | | | | | | |
| Name: | | Date: | | | | | | | |
| Home Address: | | | | | | | | | |
| City: | Sta | te: | Zip Coo | de: | Country | <i>'</i> : | | | |
| Email Address: | | | | | | | | | |
| Credentials: | | TCNS Mem | CNS Member # : | | | | | | |
| Organization website: | | | | | | | | | |
| COOPERATIV | VE ALLIA | ANCE IN | FORM | MATIO | N | | | | |
| | • | | - | | · | | | | |
| Geographic borders of region to be served – City, S | | | | | | | | | |
| Will Cooperative Alliance be associated with an Organization: YES NO | NO If yes, please list organization contact information: | | | | | | | | |
| City: | | State: Zip | | Code: | | Country: | | | |
| Cooperative Alliance Primary Contact Phone: | | operative Alliance mary Contact E-mail: | | | | | | | |
| Organization website: | | | | | | | | | |
| For Cooperative Alliance Applicants: Please For Regional Liaison Applicants: Please describe | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | _ | | | | | | |
| (Please attach separate sheet if more room is needed) Additional Information | | | | | | | | | |
| Circustoms of Applicants | Additional I | | - TOMO | 1 N d 1 | Datas | | | | |
| Signature of Applicant: | | | YES 1 | S Member: NO | Date: | | | | |
| | CNS OFFIC | E USE ON | LY | | | | | | |
| Application to BOT: YES NO | Date: | ATTEC | OLD 455 | | Approved | Declin | | | |
| TCNS Members: YES NO | | ALL DO | CUMEN | HATION | INCLUDED | : YES | NO | | |
| PLEASE RETURN TO: Transcultural Nursing Society 37637 Five Mile Rd., #319 Livonia, MI 48154-1543 | | OR | EN | MAIL TO: | STAFF@TC | NS.ORG | | | |