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# 101.00

## **Policy 101.00; Official Professional Name**

**Draft Adopted:** May 14, 1994

**Date Finalized:** September 25, 1994

**Dates Revised:** June 27, 2008 - added Spanish translation

**Proponent:** Board of Directors

**Purpose:** To Adopt Official Policy on the Profession's Name both in English and Spanish

**Reference:** None

**Policy:** The CAPA Board of Directors hereby formally affirms the name "Physician Assistant" as the appropriate name for the profession and that the Spanish translation for physician assistant is asociado médico.

## **Policy 102.00; Physician Assistant Role Definition**

**Draft Adopted:** October 14, 1995

**Date Finalized:** January 7, 1996

**Dates Revised:** June 27, 2008 - Updated to match AAPA Policy change

**Proponent:** Board of Directors

**Purpose:** To establish the formal role definition of the physician assistant profession.

**Reference:** AAPA Policy HP-3100.3.1

Physician assistants are health professionals licensed or, in the case of those employed by the federal government, credentialed, to practice medicine with physician supervision. Physician assistants are qualified by graduation from an accredited physician assistant educational program and/or certification by the National Commission on Certification of Physician Assistants.

Within the physician-PA relationship, physician assistants exercise autonomy in medical decision making and provide a broad range of diagnostic and therapeutic services. The clinical role of physician assistants includes primary and specialty care in medical and surgical practice settings in rural and urban areas. Physician assistant practice is centered on patient care and may include educational, research, and administrative activities.

**Policy 103.00; Code of Ethics**

**Draft Adopted:** November 19, 1994

**Date Finalized:** January 6, 1995

**Dates Revised:** November 19, 2000 – Adopted AAPA *Guidelines for Ethical Conduct for the Physician Assistant Profession*

January 28, 2006 – Updated Policy 2004 Amendment

June 27, 2008 – Updated to reflect 2007 AAPA Amendment

June 23, 2009 – Updated to reflect 2008 AAPA Amendment

**Proponent:** Board of Directors

**Purpose:** To establish the code of ethical standards for members of CAPA and physician assistants in California.

**Reference:** CAPA Bylaws Article XII

The Procedure Manual on Professional Review Activities of the AAPA

CAPA Policy 104.00

See the following 9-page document.



## **Guidelines for Ethical Conduct for the Physician Assistant Profession**

(Adopted 2000, amended 2004, 2006, 2007, and 2008)

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## **Introduction**

The physician assistant profession has revised its code of ethics several times since the profession began. Although the fundamental principles underlying the ethical care of patients have not changed, the societal framework in which those principles are applied has. Economic pressures of the health care system, social pressures of church and state, technological advances, and changing patient demographics continually transform the landscape in which PAs practice.

Previous codes of the profession were brief lists of tenets for PAs to live by in their professional lives. This document departs from that format by attempting to describe ways in which those tenets apply. Each situation is unique. Individual PAs must use their best judgment in a given situation while considering the preferences of the patient and the supervising physician, clinical information, ethical concepts, and legal obligations.

Four main bioethical principles broadly guided the development of these guidelines: autonomy, beneficence, nonmaleficence, and justice.

Autonomy, strictly speaking, means self-rule. Patients have the right to make autonomous decisions and choices, and physician assistants should respect these decisions and choices.

Beneficence means that PAs should act in the patient's best interest. In certain cases, respecting the patient's autonomy and acting in their best interests may be difficult to balance.

Nonmaleficence means to do no harm, to impose no unnecessary or unacceptable burden upon the patient.

Justice means that patients in similar circumstances should receive similar care. Justice also applies to norms for the fair distribution of resources, risks, and costs.

Physician assistants are expected to behave both legally and morally. They should know and understand the laws governing their practice. Likewise, they should understand the ethical responsibilities of being a health care professional. Legal requirements and ethical expectations will not always be in agreement. Generally speaking, the law describes minimum standards of acceptable behavior, and ethical principles delineate the highest moral standards of behavior.

When faced with an ethical dilemma, PAs may find the guidance they need in this document. If not, they may wish to seek guidance elsewhere – possibly from a supervising physician, a hospital ethics committee, an ethicist, trusted colleagues, or other AAPA policies. PAs should seek legal counsel when they are concerned about the potential legal consequences of their decisions.

The following sections discuss ethical conduct of PAs in their professional interactions with patients, physicians, colleagues, other health professionals, and the public. The "Statement of Values" within this document defines the fundamental values that the PA profession strives to uphold. These values provide the foundation upon which the guidelines rest. The guidelines were written with the understanding that no document can encompass all actual and potential ethical responsibilities, and PAs should not regard them as comprehensive.

## **Statement of Values of the Physician Assistant Profession**

- Physician assistants hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.
- Physician assistants uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.
- Physician assistants recognize and promote the value of diversity.
- Physician assistants treat equally all persons who seek their care.
- Physician assistants hold in confidence the information shared in the course of practicing medicine.
- Physician assistants assess their personal capabilities and limitations, striving always to improve their medical practice.
- Physician assistants actively seek to expand their knowledge and skills, keeping abreast of advances in medicine.

- Physician assistants work with other members of the health care team to provide compassionate and effective care of patients.
- Physician assistants use their knowledge and experience to contribute to an improved community.
- Physician assistants respect their professional relationship with physicians.
- Physician assistants share and expand knowledge within the profession.

### **The PA and Patient**

#### **PA Role and Responsibilities**

Physician assistant practice flows out of a unique relationship that involves the PA, the physician, and the patient. The individual patient–PA relationship is based on mutual respect and an agreement to work together regarding medical care. In addition, PAs practice medicine with physician supervision; therefore, the care that a PA provides is an extension of the care of the supervising physician. The patient–PA relationship is also a patient–PA–physician relationship.

The principal value of the physician assistant profession is to respect the health, safety, welfare, and dignity of all human beings. This concept is the foundation of the patient–PA relationship. Physician assistants have an ethical obligation to see that each of their patients receives appropriate care. PAs should be sensitive to the beliefs and expectations of the patient. PAs should recognize that each patient is unique and has an ethical right to self-determination.

Physician assistants are professionally and ethically committed to providing nondiscriminatory care to all patients. While PAs are not expected to ignore their own personal values, scientific or ethical standards, or the law, they should not allow their personal beliefs to restrict patient access to care. A PA has an ethical duty to offer each patient the full range of information on relevant options for their health care. If personal moral, religious, or ethical beliefs prevent a PA from offering the full range of treatments available or care the patient desires, the PA has an ethical duty to refer a patient to another qualified provider. That referral should not restrict a patient’s access to care. PAs are obligated to care for patients in emergency situations and to responsibly transfer patients if they cannot care for them.

Physician assistants should always act in the best interests of their patients and as advocates when necessary. PAs should actively resist policies that restrict free exchange of medical information. For example, a PA should not withhold information about treatment options simply because the option is not covered by insurance. PAs should inform patients of financial incentives to limit care, use resources in a fair and efficient way, and avoid arrangements or financial incentives that conflict with the patient’s best interests.

#### **The PA and Diversity**

The physician assistant should respect the culture, values, beliefs, and expectations of the patient.

#### **Nondiscrimination**

Physician assistants should not discriminate against classes or categories of patients in the delivery of needed health care. Such classes and categories include gender, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation.

#### **Initiation and Discontinuation of Care**

In the absence of a preexisting patient–PA relationship, the physician assistant is under no ethical obligation to care for a person unless no other provider is available. A PA is morally bound to provide care in emergency situations and to arrange proper follow-up. PAs should keep in mind that contracts with health insurance plans might define a legal obligation to provide care to certain patients.

A physician assistant and supervising physician may discontinue their professional relationship with an established patient as long as proper procedures are followed. The PA and physician should provide the patient with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition. Discontinuation of the professional relationship should be undertaken only after a serious attempt has been made to clarify and understand the expectations and concerns of all involved parties.

If the patient decides to terminate the relationship, they are entitled to access appropriate information contained within their medical record.

### **Informed Consent**

Physician assistants have a duty to protect and foster an individual patient's free and informed choices. The doctrine of informed consent means that a PA provides adequate information that is comprehensible to a competent patient or patient surrogate. At a minimum, this should include the nature of the medical condition, the objectives of the proposed treatment, treatment options, possible outcomes, and the risks involved. PAs should be committed to the concept of shared decision making, which involves assisting patients in making decisions that account for medical, situational, and personal factors.

In caring for adolescents, the PA should understand all of the laws and regulations in his or her jurisdiction that are related to the ability of minors to consent to or refuse health care. Adolescents should be encouraged to involve their families in health care decision making. The PA should also understand consent laws pertaining to emancipated or mature minors. (See the section on *Confidentiality*.)

When the person giving consent is a patient's surrogate, a family member, or other legally authorized representative, the PA should take reasonable care to assure that the decisions made are consistent with the patient's best interests and personal preferences, if known. If the PA believes the surrogate's choices do not reflect the patient's wishes or best interests, the PA should work to resolve the conflict. This may require the use of additional resources, such as an ethics committee.

### **Confidentiality**

Physician assistants should maintain confidentiality. By maintaining confidentiality, PAs respect patient privacy and help to prevent discrimination based on medical conditions. If patients are confident that their privacy is protected, they are more likely to seek medical care and more likely to discuss their problems candidly.

In cases of adolescent patients, family support is important but should be balanced with the patient's need for confidentiality and the PA's obligation to respect their emerging autonomy. Adolescents may not be of age to make independent decisions about their health, but providers should respect that they soon will be. To the extent they can, PAs should allow these emerging adults to participate as fully as possible in decisions about their care. It is important that PAs be familiar with and understand the laws and regulations in their jurisdictions that relate to the confidentiality rights of adolescent patients. (See the section on *Informed Consent*.)

Any communication about a patient conducted in a manner that violates confidentiality is unethical. Because written, electronic, and verbal information may be intercepted or overheard, the PA should always be aware of anyone who might be monitoring communication about a patient.

PAs should choose methods of storage and transmission of patient information that minimize the likelihood of data becoming available to unauthorized persons or organizations. Computerized record keeping and electronic data transmission present unique challenges that can make the maintenance of patient confidentiality difficult. PAs should advocate for policies and procedures that secure the confidentiality of patient information.

### **The Patient and the Medical Record**

Physician assistants have an obligation to keep information in the patient's medical record confidential. Information should be released only with the written permission of the patient or the patient's legally authorized representative. Specific exceptions to this general rule may exist (e.g., workers compensation, communicable disease, HIV, knife/gunshot wounds, abuse, substance abuse). It is important that a PA be familiar with and understand the laws and regulations in his or her jurisdiction that relate to the release of information. For example, stringent legal restrictions on release of genetic test results and mental health records often exist.

Both ethically and legally, a patient has certain rights to know the information contained in his or her medical record. While the chart is legally the property of the practice or the institution, the information in the chart is the property of the patient. Most states have laws that provide patients access to their medical records. The PA should know the laws and facilitate patient access to the information.

### **Disclosure**

A physician assistant should disclose to his or her supervising physician information about errors made in the course of caring for a patient. The supervising physician and PA should disclose the error to the patient if such information is significant to the patient's interests and well being. Errors do not always constitute improper,

negligent, or unethical behavior, but failure to disclose them may.

### **Care of Family Members and Co-workers**

Treating oneself, co-workers, close friends, family members, or students whom the physician assistant supervises or teaches may be unethical or create conflicts of interest. For example, it might be ethically acceptable to treat one's own child for a case of otitis media but it probably is not acceptable to treat one's spouse for depression. PAs should be aware that their judgment might be less than objective in cases involving friends, family members, students, and colleagues and that providing "curbside" care might sway the individual from establishing an ongoing relationship with a provider. If it becomes necessary to treat a family member or close associate, a formal patient-provider relationship should be established, and the PA should consider transferring the patient's care to another provider as soon as it is practical. If a close associate requests care, the PA may wish to assist by helping them find an appropriate provider.

There may be exceptions to this guideline, for example, when a PA runs an employee health center or works in occupational medicine. Even in those situations, the PA should be sure they do not provide informal treatment, but provide appropriate medical care in a formally established patient-provider relationship.

### **Genetic Testing**

Evaluating the risk of disease and performing diagnostic genetic tests raise significant ethical concerns. Physician assistants should be informed about the benefits and risks of genetic tests. Testing should be undertaken only after proper informed consent is obtained. If PAs order or conduct the tests, they should assure that appropriate pre- and post-test counseling is provided.

PAs should be sure that patients understand the potential consequences of undergoing genetic tests – from impact on patients themselves, possible implications for other family members, and potential use of the information by insurance companies or others who might have access to the information. Because of the potential for discrimination by insurers, employers, or others, PAs should be particularly aware of the need for confidentiality concerning genetic test results.

### **Reproductive Decision Making**

Patients have a right to access the full range of reproductive health care services, including fertility treatments, contraception, sterilization, and abortion. Physician assistants have an ethical obligation to provide balanced and unbiased clinical information about reproductive health care.

When the PA's personal values conflict with providing full disclosure or providing certain services such as sterilization or abortion, the PA need not become involved in that aspect of the patient's care. By referring the patient to a qualified provider who is willing to discuss and facilitate all treatment options, the PA fulfills their ethical obligation to ensure the patient's access to all legal options.

### **End of Life**

Among the ethical principles that are fundamental to providing compassionate care at the end of life, the most essential is recognizing that dying is a personal experience and part of the life cycle.

Physician Assistants should provide patients with the opportunity to plan for end of life care. Advance directives, living wills, durable power of attorney, and organ donation should be discussed during routine patient visits.

PAs should assure terminally-ill patients that their dignity is a priority and that relief of physical and mental suffering is paramount. PAs should exhibit non-judgmental attitudes and should assure their terminally-ill patients that they will not be abandoned. To the extent possible, patient or surrogate preferences should be honored, using the most appropriate measures consistent with their choices, including alternative and non-traditional treatments. PAs should explain palliative and hospice care and facilitate patient access to those services. End of life care should include assessment and management of psychological, social, and spiritual or religious needs.

While respecting patients' wishes for particular treatments when possible, PAs also must weigh their ethical responsibility, in consultation with supervising physicians, to withhold futile treatments and to help patients understand such medical decisions.

PAs should involve the physician in all near-death planning. The PA should only withdraw life support with the supervising physician's agreement and in accordance with the policies of the health care institution.

## **The PA and Individual Professionalism**

### **Conflict of Interest**

Physician assistants should place service to patients before personal material gain and should avoid undue influence on their clinical judgment. Trust can be undermined by even the appearance of improper influence. Examples of excessive or undue influence on clinical judgment can take several forms. These may include financial incentives, pharmaceutical or other industry gifts, and business arrangements involving referrals. PAs should disclose any actual or potential conflict of interest to their patients.

Acceptance of gifts, trips, hospitality, or other items is discouraged. Before accepting a gift or financial arrangement, PAs might consider the guidelines of the Royal College of Physicians, “Would I be willing to have this arrangement generally known?” or of the American College of Physicians, “What would the public or my patients think of this arrangement?”

### **Professional Identity**

Physician assistants should not misrepresent directly or indirectly, their skills, training, professional credentials, or identity. Physician assistants should uphold the dignity of the PA profession and accept its ethical values.

### **Competency**

Physician assistants should commit themselves to providing competent medical care and extend to each patient the full measure of their professional ability as dedicated, empathetic health care providers. PAs should also strive to maintain and increase the quality of their health care knowledge, cultural sensitivity, and cultural competence through individual study and continuing education.

### **Sexual Relationships**

It is unethical for physician assistants to become sexually involved with patients. It also may be unethical for PAs to become sexually involved with former patients or key third parties. Key third parties are individuals who have influence over the patient. These might include spouses or partners, parents, guardians, or surrogates.

Such relationships generally are unethical because of the PA’s position of authority and the inherent imbalance of knowledge, expertise, and status. Issues such as dependence, trust, transference, and inequalities of power may lead to increased vulnerability on the part of the current or former patients or key third parties.

### **Gender Discrimination and Sexual Harassment**

It is unethical for physician assistants to engage in or condone any form of gender discrimination. Gender discrimination is defined as any behavior, action, or policy that adversely affects an individual or group of individuals due to disparate treatment, disparate impact, or the creation of a hostile or intimidating work or learning environment.

It is unethical for PAs to engage in or condone any form of sexual harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

- Such conduct has the purpose or effect of interfering with an individual's work or academic performance or creating an intimidating, hostile or offensive work or academic environment, or
- Accepting or rejecting such conduct affects or may be perceived to affect professional decisions concerning an individual, or
- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's training or professional position.

## **The PA and Other Professionals**

### **Team Practice**

Physician assistants should be committed to working collegially with other members of the health care team to assure integrated, well-managed, and effective care of patients. PAs should strive to maintain a spirit of cooperation with other health care professionals, their organizations, and the general public.

### **Illegal and Unethical Conduct**

Physician assistants should not participate in or conceal any activity that will bring discredit or dishonor to the PA

profession. They should report illegal or unethical conduct by health care professionals to the appropriate authorities.

### **Impairment**

Physician assistants have an ethical responsibility to protect patients and the public by identifying and assisting impaired colleagues. “Impaired” means being unable to practice medicine with reasonable skill and safety because of physical or mental illness, loss of motor skills, or excessive use or abuse of drugs and alcohol.

PAs should be able to recognize impairment in physician supervisors, PAs, and other health care providers and should seek assistance from appropriate resources to encourage these individuals to obtain treatment.

### **PA–Physician Relationship**

Supervision should include ongoing communication between the physician and the physician assistant regarding patient care. The PA should consult the supervising physician whenever it will safeguard or advance the welfare of the patient. This includes seeking assistance in situations of conflict with a patient or another health care professional.

### **Complementary and Alternative Medicine**

When a patient asks about an alternative therapy, the PA has an ethical obligation to gain a basic understanding of the alternative therapy being considered or being used and how the treatment will affect the patient. If the treatment would harm the patient, the PA should work diligently to dissuade the patient from using it, advise other treatment, and perhaps consider transferring the patient to another provider.

## **The PA and the Health Care System**

### **Workplace Actions**

Physician assistants may face difficult personal decisions to withhold medical services when workplace actions (e.g., strikes, sick-outs, slowdowns, etc.) occur. The potential harm to patients should be carefully weighed against the potential improvements to working conditions and, ultimately, patient care that could result. In general, PAs should individually and collectively work to find alternatives to such actions in addressing workplace concerns.

### **PAs as Educators**

All physician assistants have a responsibility to share knowledge and information with patients, other health professionals, students, and the public. The ethical duty to teach includes effective communication with patients so that they will have the information necessary to participate in their health care and wellness.

### **PAs and Research**

The most important ethical principle in research is honesty. This includes assuring subjects’ informed consent, following treatment protocols, and accurately reporting findings. Fraud and dishonesty in research should be reported so that the appropriate authorities can take action.

Physician assistants involved in research must be aware of potential conflicts of interest. The patient’s welfare takes precedence over the desired research outcome. Any conflict of interest should be disclosed.

In scientific writing, PAs should report information honestly and accurately. Sources of funding for the research must be included in the published reports.

Plagiarism is unethical. Incorporating the words of others, either verbatim or by paraphrasing, without appropriate attribution is unethical and may have legal consequences. When submitting a document for publication, any previous publication of any portion of the document must be fully disclosed.

### **PAs as Expert Witnesses**

The physician assistant expert witness should testify to what he or she believes to be the truth. The PA’s review of medical facts should be thorough, fair, and impartial.

The PA expert witness should be fairly compensated for time spent preparing, appearing, and testifying. The PA should not accept a contingency fee based on the outcome of a case in which testimony is given or derive personal, financial, or professional favor in addition to compensation.

## **The PA and Society**

### **Lawfulness**

Physician assistants have the dual duty to respect the law and to work for positive change to laws that will enhance the health and well being of the community.

### **Executions**

Physician assistants, as health care professionals, should not participate in executions because to do so would violate the ethical principle of beneficence.

### **Access to Care / Resource Allocation**

Physician assistants have a responsibility to use health care resources in an appropriate and efficient manner so that all patients have access to needed health care. Resource allocation should be based on societal needs and policies, not the circumstances of an individual patient–PA encounter. PAs participating in policy decisions about resource allocation should consider medical need, cost-effectiveness, efficacy, and equitable distribution of benefits and burdens in society.

### **Community Well Being**

Physician assistants should work for the health, well being, and the best interest of both the patient and the community. Sometimes there is a dynamic moral tension between the well being of the community in general and the individual patient. Conflict between an individual patient's best interest and the common good is not always easily resolved. In general, PAs should be committed to upholding and enhancing community values, be aware of the needs of the community, and use the knowledge and experience acquired as professionals to contribute to an improved community.

### **Conclusion**

The American Academy of Physician Assistants recognizes its responsibility to aid the PA profession as it strives to provide high quality, accessible health care. Physician assistants wrote these guidelines for themselves and other physician assistants. The ultimate goal is to honor patients and earn their trust while providing the best and most appropriate care possible. At the same time, PAs must understand their personal values and beliefs and recognize the ways in which those values and beliefs can impact the care they provide.

## **Policy 104.00; Non-discrimination**

**Draft Adopted:** May 14, 1994

**Date Finalized:** July 16, 1994

**Dates Revised:** January 28, 2006 - General cleanup

**Proponent:** Board of Directors

**Purpose:** To establish organizational policy regarding discrimination.

**Reference:** CAPA Bylaws Article V, §18  
State and federal law

**Policy:** CAPA is committed to providing a work and organizational environment free of unlawful discrimination. Organizational policy prohibits discrimination because of race, color, religious belief, sex, national origin, marital status, age (over 40), sexual orientation, physical or mental disability, medical condition (cured or rehabilitated), veteran's status, or any other basis protected by federal, state or local law, ordinance or regulation. All such discrimination is unlawful. CAPA's discrimination policy applies to all persons involved in the operation of CAPA and prohibits unlawful discrimination by any member of the Board of Directors or committees, by any employee, or by any person doing business with or for CAPA.

**Policy 201.00; Mission Statement**

**Draft Adopted:** January 8, 1995

**Date Finalized:** May 7, 1995

**Dates Revised:** January 27, 2001

**Proponent:** Board of Directors

**Purpose:** To establish the formal mission of CAPA

**Reference:** None

*The mission of the California Academy of Physician Assistants is to represent and serve physician assistants statewide. As an advocate of its members for quality health care, and for their valued, unique alliance with supervising physicians, CAPA will enhance, educate, and empower physician assistants for the ultimate benefit of their patients.*

## **Policy 202.00; Organizational Structure**

**Draft Adopted:** May 14, 1994

**Date Finalized:** July 16, 1994

**Dates Revised:** November 19, 2000 - revised organizational chart  
June 27, 2008 - changed to periodically review/update instead of annually

**Proponent:** Board of Directors

**Purpose:** To establish the organizational structure of CAPA.

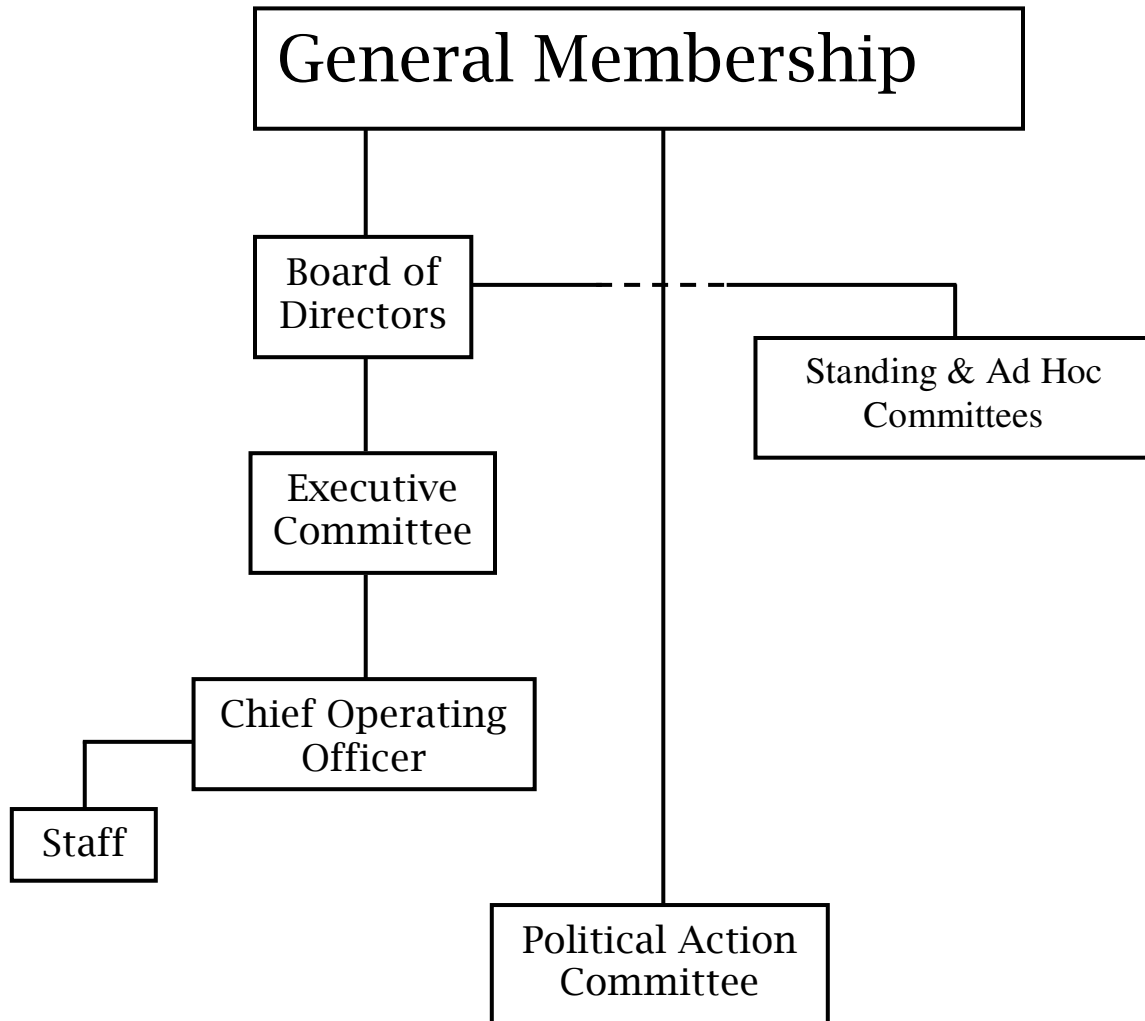
**Reference:** CAPA Bylaws

**Policy:** CAPA will maintain and periodically update a chart which clearly delineates the organizational structure of the Academy including but not limited to all officers, directors, COO, standing committee chairs, and current *Ad Hoc* committee chairs.



# The California Academy of Physician Assistants

## ORGANIZATIONAL CHART



## **Policy 203.00; Relationship to AAPA**

**Draft Adopted:** May 14, 1994

**Date Finalized:** July 16, 1994

**Dates Revised:** June 27, 2008 - General cleanup

**Proponent:** Board of Directors

**Purpose:** To establish and affirm the formal relationship of CAPA to the AAPA

**Reference:** CAPA Bylaws Article IV

AAPA Policy Section 602-00

Sturgis Standard Code of Parliamentary Procedure

**Policy:** CAPA is a constituent chapter of the AAPA pursuant to, and as defined in, Sturgis Standard Code of Parliamentary Procedure.

- I. CAPA, as a constituent chapter, is formally a subdivision of the AAPA.
- II. As a regional organization of the AAPA, CAPA and its members are required to meet all provisions outlined in the AAPA's constitution, bylaws, and charter policy regarding chapter organization.
- III. CAPA and its members shall uphold the principles and purposes for which the AAPA was founded.
  - A. CAPA recognizes the AAPA's right to address and take the lead in setting national policy and addressing national concerns and issues.
  - B. CAPA reserves the right to address state and local concerns and issues without interference from the AAPA.
  - C. At any time that CAPA feels that the policies of the AAPA are not consistent with its own, it must exercise its responsibility to change those policies through the AAPA House of Delegates.

## **Policy 203.01; House of Delegates: California Delegation**

**Draft Adopted:** July 29, 1995

**Date Finalized:** October 14, 1995

**Dates Revised:** July 20, 1996 - Amended to change term dates  
June 22, 1997 - Amended with revision to Section I (Elections) adding paragraph D, revision to Section II (Reimbursement), paragraph D  
June 28, 1998 - Amended to include election date and ballot mailing  
March 9, 2003 - Changed the number of delegates  
November 6, 2005 - Changed funding guidelines  
June 27, 2008 - Deleted HOD registration fees as they no longer exist and updated 1B.  
March 14, 2009 - Require CAPA Membership to run and to serve. Also set minimum attendance requirements at the AAPA HOD.  
July 1, 2010 - Updated Section I to reflect the time frame in which declarations are to be received.

**Proponent:** Board of Directors and Chief Delegate

**Purpose:** To establish policies for the participation of the California Delegation in the AAPA House of Delegates.

**Reference:** CAPA Bylaws Article IV  
AAPA Policy §1500 et. Seq.  
AAPA Bylaws Articles XII, XIII, and XIV  
AAPA Policy 603-00-03

**Policy:** The California Academy of Physician Assistants supports involvement of its elected delegation to the AAPA House of Delegates.

- I. **Elections.** Candidates for the California Delegation to the AAPA House of Delegates must be Fellow members in good standing of the California Academy of Physician Assistants both before the election and during their term of office. Candidates must comply with all CAPA/AAPA election policies and requirements—both before the election and during their term of office—or the California Academy will not certify them. The election of the delegates of the HOD of AAPA will be held the first Thursday of each May. Declaration of candidacy must precede the appointed date of election by at least seventy five (75) days or sixty (60) days if the candidate is nominated by the Nominating Committee. Ballots will be mailed out at least 30 days prior to the date of election.
  - A. The term of office of all delegates shall be one (1) year in accordance with the current AAPA policy.
  - B. The number of delegates funded to attend the AAPA House of Delegates is at the discretion of the CAPA Board and may or may not equal the number apportioned by the AAPA.
  - C. The Chief Delegate is appointed from among the regular delegates by the President each year. The Chief Delegate is responsible for:
    1. supervising the California Delegation. This includes taking roll at each session of the HOD,
    2. keeping the President and the Board of Directors apprised of policy considerations before the House of Delegates, and
    3. carrying the resolutions of the California Academy.
    4. summarize the action of the House of Delegates to the Board of Directors and members of CAPA.

- D. Unfunded alternates may be designated by the President in accordance with the AAPA policy.
- II. **Reimbursement.** CAPA shall provide funds toward travel expenses—as outlined below and contained in the CAPA Reimbursement Policy—for selected members of the California House Delegation who attend each and every session of the House of Delegates. Those delegates who are absent (without prior approval from the Chief Delegate), in so doing will waive any reimbursement by CAPA for travel to or attendance at the AAPA HOD. CAPA staff are authorized to review all travel arrangements and alert the President and the Chief Delegate when appropriate.
- A. **Budget.** The Budget Committee, in preparing the draft CAPA budget each year, will take into account the costs associated with the California Delegation’s participation in the House based on the location of the AAPA National Conference, among other factors. The HOD budget line item will be created taking into account CAPA’s overall financial picture as well as the cost versus the benefit of attendance at the AAPA HOD for any given year.
  - B. **Travel Stipend.** CAPA will provide funds toward round-trip travel expenses to the AAPA National Conference for designated members of the California House delegation attending each and every session of the AAPA HOD in accordance with the CAPA Reimbursement Policy. The amount of the travel stipend will be determined by the Budget Committee and approved by the Board of Directors at the beginning of the fiscal year as part of the CAPA Annual Budget.
  - C. **Hotel.** For designated and eligible Delegates, CAPA will provide funds toward lodging equal to the number of days that the AAPA House of Delegates is in session, plus one night. Reimbursement for expenses related to hotel costs shall be in accordance with the CAPA Reimbursement Policy
  - D. **Meals.** For designated and eligible Delegates, CAPA will provide funds toward expenses related to meals in accordance with the CAPA Reimbursement Policy.
- III. The CAPA office will distribute copies of this policy to each member of the California House Delegation no later than July 31 of each year.
- IV. The California House Delegation will have at least one telephone conference call prior to the House convening.

## **Policy 204.00; Dues, Contributions and Donations; Deductibility**

**Draft Adopted:** July 16, 1994

**Date Finalized:** September 25, 1994

**Dates Revised:** June 27, 2008 - Shortened the statement to reflect what is actually necessary on the forms.

**Proponent:** Chief Operating Officer

**Purpose:** To comply with IRS policy and Regulations

**Reference:** The Federal Law

**Policy:** The following disclaimers will appear on all dues renewals and appears for donations and contributions, as appropriate.

I. As solicitations for membership will include the following disclaimer:

We estimate that only [*enter current percent*]% of the dues reflected on this statement are deductible as ordinary and necessary business expenses. This reflects our estimate of the percentage of your payment that will be used for lobbying [*enter current percent*]% on subjects of interest to you and other members.

II. All requests for donations and contributions will include the following disclaimer:

Contributions are not deductible as charitable contributions for Federal Income Tax purposes.

## **Policy 205.00; Leader Communications**

**Draft Adopted:** January 9, 1994

**Date Finalized:** July 16, 1994

**Dates Revised:** June 27, 2008 - Changed policy to deal with all communications, not just those on letterhead.

**Proponent:** Board of Directors

**Purpose:** To establish policy and guidelines for the use of official CAPA letterhead.

**Reference:** CAPA Bylaws  
AAPA Policy 100-00-04

**Policy:** All external communication and/or articles/opinion pieces written for publication should reflect the cohesive and current policy of the Academy; therefore CAPA letterhead both printed and electronic should be used only in an official capacity on behalf of the Academy.

- I. General Information and external communication by the Board of Directors, committee chairs, or committee members, is assumed to be the official communication of CAPA. For this reason alone leaders are expected to use good judgment in all communications. It is good practice to submit all drafts of emails and letters and other correspondence to the President and the COO for review and approval. CAPA staff will prepare and mail correspondence which appears on CAPA letterhead through the CAPA office.
- II. Communication which Does Not Require Prior Review and Approval.
  - A. Letters of thanks and acknowledgment.
  - B. Internal memoranda.
  - C. Requests for routine information.
- III. Communication which Does Require Prior Review and Approval.
  - A. Definition or expression of an Academy policy.
  - B. Definition or expression of an Academy procedure.
  - C. Expression of an Academy position.
  - D. Expression of what you feel is a personal opinion as it will be construed to be the position or opinion of the Academy because of your leadership position in CAPA.
  - E. Commitment of Academy resources except when prior authorization has already been formally granted by the Board of Directors.
  - F. Requests directed to other organizations to commit their resources except when prior authorization has already been formally granted by the Board of Directors.
- IV. Mechanism for Review and Approval.
  - A. It is the intent of this policy and procedure that rapid and timely correspondence not be hindered by an unruly review and approval process.
  - B. Drafts of communication requiring review as defined above are to be Faxed/E-mailed to the President and COO (and appropriate Committee Chair when applicable). The President or COO will consult with legal counsel at his or her discretion.
  - C. The President and COO have the full authority to edit a draft at his or her discretion, and deny permission for any purpose that he or she determines is not in the best interest of the Academy.
  - D. Approval for the communication can either be verbal or written at his or her discretion.

- E. The President's denial for the communication must be in writing.
- V. Distribution.
- A. As a general rule, all external communication will be copied to the COO.

## **Policy 206.00; Contracts**

**Draft Adopted:** July 16, 1994

**Date Finalized:** September 25, 1994

**Dates Revised:** January 28, 2006 - General cleanup

June 27, 2008 - General cleanup

**Proponent:** Board of Directors

**Purpose:** To establish organizational policy regarding contracts and agreements.

**Reference:** CAPA Bylaws Article VII, §4, b.

**Policy:** The CAPA Board of Directors reserves unto itself the right to approve, change and terminate contracts, agreements and memorandums of understanding (MOU) with all those wishing to provide goods and services to CAPA.

### **Procedure:**

- I. The President and/or the COO, in consultation with the CAPA Counsel, have the authority of the Board of Directors to formally execute contracts, agreements and Letters of Understanding (LOU) on behalf of CAPA when acting on the formal authority of the Board of Directors.
- II. The President, at his or her discretion, may temporarily designate other members of the Board of Directors with the same limited authority (pursuant to Section I above) as the President and the COO to execute contracts on behalf of CAPA. This designation must be in writing.
- III. The COO is responsible for monitoring contract compliance and/or contractor performance. The COO shall report the status of all current CAPA contracts to the full Board of Directors at the first meeting of the Board in the calendar year. The COO shall report any change in the status of any current CAPA contract to the Board in a timely manner.
- IV. Nothing in this policy and procedure shall be construed as relieving the Board of Directors of its primary responsibility and authority in the creation and execution of contracts, agreements and LOUs.

## **Policy 207.00; CAPA Humanitarian Endowment**

**Draft Adopted:** May 14, 1994

**Date Finalized:** January 28, 1995

**Dates Revised:** June 27, 2008 - General cleanup and changed amounts of disbursement from fund of \$25 to \$100 on any one occasion and \$75 to \$125 for flowers/plaques. Also changed disbursement amount to trust funds for PAs who have died violently in the line of duty from \$200 to \$500 and \$100 to \$150 for all other disbursements.

**Proponent:** Board of Directors and Professional Practice Committee

**Purpose:** To establish a voluntary endowment for the purpose of financing recognitions of individual physician assistants and others in times of significant joys and travails.

**Reference:** Minutes of the CAPA BOD during 1993-94.

**Policy:** The CAPA Board of Directors herewith establishes the **CAPA Humanitarian Endowment**, to be financed by voluntary contributions from members of CAPA and from other PAs and interested parties—either in California or from other geographic entities—for the purpose of recognizing in various manners the significant trials, both positive and negative, of PAs and others in California primarily, but also, when appropriate, in other geographic locales.

### **Procedure:**

- I. The name of this fund will be the **CAPA Humanitarian Endowment**.
- II. Contributions to this endowment will derive solely from *voluntary* donations which may be received throughout the fiscal year, but which will be promoted officially at least once a year by a check-off item specifically for contributions to this endowment that will be printed on the official dues notice for renewal of CAPA membership.
- III. Contributions to this endowment will be accepted from any source so long as there are no unreasonable conditions attached to the donation.
- IV. Disbursements from this endowment may be made for the purpose of recognizing any physician assistant in California primarily, but also, when appropriate, in other geographic locales, regardless of membership status in CAPA.
- V. Disbursements from this endowment may not be made directly in the form of a monetary gift to any living individual, but shall be limited to the following expressions: trust fund contributions in lieu of flowers from the organization, sympathy or congratulatory cards, postage, flowers, plaques, and similar forms of recognition.
- VI. On the action of a simple majority of the CAPA Board of Directors, disbursements may be approved for the recognition of non-PAs such as meritorious supervising physicians and others who have made a significant contribution to the PA profession primarily, though not exclusively, in California.
- VII. No contributions from this fund shall be made to political action committees of any type for any purpose whatsoever.
- VIII. The Chief Operating Officer of CAPA may authorize disbursements from this endowment without immediate approval from the Board of Directors for amounts

up to \$100.00 on any one occasion, except that s/he may authorize disbursements for flowers or plaques up to \$125.00 on any one occasion. Authorizations for amounts any greater than these shall require a simple majority approval of the Board of Directors in any meeting allowed in Article VI of the Bylaws.

- IX. The Chief Operating Officer will inform the Board of Directors of each of his/her authorizations for disbursements at its next regularly-convened meeting; formal approval from the Board of Directors will not be required.
- X. Priority for disbursements from this endowment shall be placed on contributions to trust funds established in the names of California PAs who have died, especially in the case of violent deaths in the line of duty.
- XI. Disbursements to trust funds of PAs who have died violently in the line of duty shall be limited to \$500.00; all other disbursements to trust funds shall be limited to \$150.00. Contributions such as these shall require a simple majority approval of the Board of Directors in any meeting allowed in Article VI of the Bylaws.
- XII. Other instances where disbursement from this fund might be appropriate may include the following: births or deaths of immediate family members of PAs, as well as severe injuries or major material losses; tragedies in the lives of PAs such as damages incurred from earthquakes or floods; unusual honors granted to PAs; and meritorious service of individual PAs, supervising physicians, or others.

## **Policy 208.00; Policy-Making**

**Draft Adopted:** May 14, 1994

**Date Finalized:** July 16, 1994

**Dates Revised:** January 28, 2006 - General cleanup

June 27, 2008 - General cleanup

**Proponent:** Board of Directors

**Purpose:** To establish policy-setting authority of CAPA.

**Reference:** CAPA Bylaws Article VII, §4  
AAPA Bylaws

**Policy:** The authority to set formal policy on issues relevant to the operation of the Academy rests wholly with the Board of Directors pursuant to the Bylaws.

- I. Policies can only be set by a majority vote of Board of Directors in any meeting allowed in Article VII of the Constitution and Bylaws.
- II. It is the responsibility of the Chief Operating Officer to reduce the Board of Director's policy decisions and statements to writing for presentation and ratification at the next regularly scheduled meeting of the Board of Directors.
- III. When deemed necessary CAPA policies are to be formally reviewed by CAPA counsel.

## **Policy 209.01; Order of Business: Special Meetings**

**Draft Adopted:** July 29, 1995

**Date Finalized:** October 14, 1995

**Dates Revised:**

**Proponent:** Board of Directors

**Purpose:** To establish the order of business at special meetings of the Board of Directors.

**Reference:** CAPA Bylaws Article VII, §12

**Policy:** It is the policy of the California Academy that the President shall determine the general order of business at special meetings of the Board of Directors. The agenda of special meetings will follow the format below:

- I. Roll Call
- II. Call to Order
- III. Motion for Discussion
- IV. Discussion by Roll Call
- V. Roll Call Vote
- VI. Adjournment

## **Policy 209.02; New Business, Late Action Items**

**Draft Adopted:** November 8, 1997

**Date Finalized:** June 27, 1999

**Dates Revised:**

**Proponent:** Board of Directors

**Reference:** CAPA Bylaws

**Purpose:** To provide Board of Directors policy and procedure for handling new business and late action items.

**Policy:** All decisions made regarding the business, policy, or philosophy of the California Academy shall be supported by thorough background information and justification received by the Board of Directors in a timely manner.

Definitions:

Action Items: Those agenda items that represent decisions regarding the business, policy or philosophy of the California Academy.

New Business: Action items that have not been previously considered at a meeting of the Board of Directors.

Late Action Items: Action items that miss the deadline for inclusion into the Board of Directors meeting board packet.

Procedure:

- I. New action items and supporting documentation must be received by the CAPA offices no later than fifteen (15) working days prior to a scheduled meeting of the Board of Directors to be placed on the agenda and considered.
- II. The President will review all late action items that a Board member wishes to submit after the Board packet deadline. He or she will decide if a submitted late item(s) are of an emergent nature requiring placement on the agenda and consideration at the pending Board meeting.
- III. Any Board member can challenge the President's decision to deny a late action item's consideration during a meeting of the Board.
- IV. In the event that a Board member challenges the President's decision, an immediate vote will be taken on placing the late action item on the agenda under new business.
- V. A two thirds (2/3) affirmative vote is required to overturn the President's decision to deny consideration of a late action item.
- VI. Late action items denied for consideration will be placed on the next scheduled Board meeting's agenda.

## **Policy 209.03; Motions**

**Draft Adopted:** January 3, 1998

**Date Finalized:** June 27, 1999

**Dates Revised:**

**Proponent:** Board of Directors

**Purpose:** To ensure that all motions are presented in a uniform manner, to facilitate that the BOD has a clear understanding of the motion, its content, purpose, justification, and financial impact.

**Reference:** CAPA Policy 209.03

**Policy:** All motions will be submitted no later than 15 working days prior to regular BOD meeting. Motions of an emergent nature may be accepted after the 15 day limit or during a BOD meeting as approved by the President (Policy #209.03.II). Motions accepted during a BOD meeting may be exempt from the format of this policy at the discretion of the President.

However, all motions will be subject to this policy's required content.

All motions will use the following format:

Motion (*name of motion*)

I move that . . . (*state motion*)

**Motion Made By:**

**Seconded By:**

**Justification:**

(State background, justifications, reasons, supporting material, arguments for the motion, etc.)

**Fiscal Impact:**

Cost : (*Indicate any costs incurred by the motion*)

Benefit : (*Indicate any financial benefit the motion may provide CAPA*)

**Vote:**

Yea's:

No's:

Abstentions:

## **Policy 210.00; Reimbursement**

**Draft Adopted:** July 29, 1995

**Date Finalized:** October 14, 1995

**Dates Revised:** January 3, 1998 - Added VI.G.7 to Reimbursement Procedures.  
March 14, 1998 - Removed all Board of Directors members and Committee chairs from AOL/ISP reimbursement  
March 14, 1998 - Revised reimbursement request submittal dates (VI.c.)  
June 28, 1998 - Added Student Representative to Section II.E., Telephone Reimbursement  
June 8, 1999 - Changed Policy title from Travel Reimbursement to Reimbursement (edited all applicable locations below)  
June 28, 2003 - Deleted requirement to share a room  
November 6, 2005 - Changed reimbursement guidelines and rate of mileage reimbursement from \$.25/mile to \$.40/mile.  
June 27, 2008 - General cleanup; changed rate of mileage reimbursement from \$.40 per mile to the current Federal standard mileage rate; changed meals *per diem* rate from \$30 to \$50; deleted telephone reimbursement; and updated reimbursement form.  
July 3, 2009 - Added Rental Car as a method of travel and guidelines to follow when renting a car and lowered mileage rate to \$0.43 per mile.

**Proponent:** Board of Directors

**Purpose:** To establish Policy and Procedures for Reimbursing CAPA *business expenses*.

**Reference:** None.

**Policy:** Reimbursement for the Board of Directors, Committee Members, and others as may be specified by the CAPA BOD, while engaged in business necessary for the operation of the California Academy of Physician Assistants.

- I. **Business Travel On Behalf of CAPA.** Travel must be budgeted and approved prior to the expenditure of funds when conducting the official business of CAPA. In *all* other cases, travel must have the prior approval of the President and COO.
  - A. **Air Travel.** Airfare is authorized for travel to and from the meeting site when it is the most reasonable mode of transportation.
    1. Early reservations are encouraged so that the best rate can be obtained. When feasible, travel must be booked at least 30 days prior to travel to ensure the best possible fare.
    2. When submitting for reimbursement, please submit a receipt for the ticket along with a CAPA Reimbursement Form to the CAPA office.
    4. You will be reimbursed only for the most economical class of travel available (i.e., "first class" not allowed).

**Parking and transportation.** Submit receipts for parking at the airport and cab, bus or shuttle service to and from the airport along with your CAPA Reimbursement Form. Valet and/or short term parking will not be reimbursed.

- B. **Rental Car.** A rental car is authorized for travel as necessary and when appropriate.

1. Early reservations are encouraged so that the best rate can be obtained. When feasible, the rental car must be booked at least 30 days prior to travel to ensure the best possible rate.
  2. When submitting for reimbursement, please submit a receipt for the car rental along with a CAPA Reimbursement Form to the CAPA office.
  3. You will be reimbursed only for the most economical car available unless you are sharing with another CAPA leader(s) and a larger car is necessary.
  4. To ensure that you are fully covered while driving a rental car, we encourage you to buy supplemental liability insurance through the rental car company (unless you are using a credit card that offers you this benefit). CAPA will reimburse you the cost of the supplemental liability insurance up to \$15 a day.
- C. **Mileage.** Travel to and from the meeting site or to and from the airport will be reimbursed at \$0.43 per mile, but in no instances will mileage paid exceed the cost of airfare for the same trip.
- D. **Lodging.** Prior approval of lodging expense associated with meetings must be obtained from the President and COO. Necessary lodging will be reimbursed at actual expenses up to the negotiated meeting rates being offered the California Academy when applicable.
- E. **Meals.** Expenses for meals are reimbursed at a maximum *per diem* rate of \$50. The calendar day (midnight to midnight) or any part of the calendar day is the unit for computing per diem allowance. **Receipts** for meals **must** be submitted with the CAPA Reimbursement Form.
- F. **Committee Chairs.** Committee Chairs are expected to attend meetings of the Board as dictated by the President and approved by the Board of Directors. The cost of attending the meeting will be reimbursed as above, and the expenses will be taken out of the Committee Chair's annual budget.

## II. Postage

- A. Submit receipts for postage along with the CAPA Reimbursement Form to the CAPA office.

## III. Entertainment shall be reimbursed for California Academy leaders within the following guidelines after being approved by the CAPA President and COO:

- A. They must advance CAPA's purposes and objectives.
- B. They must be reasonable and related to CAPA activities and programs.
- C. Expenditures must not be lavish or extravagant.
- D. The following information must be reported in the CAPA Reimbursement Form.
  - 1) the name(s) of the individual(s) entertained &
  - 2) the character of or reason for the expenditure.

## V. Reimbursement for Non-Budget Items

- A. Any Board Member or Committee Chair must submit in writing a request for expenditure for any non-budget activity, project or item category for approval *prior to fund expenditure*.
- B. The request for non-budget expenditure must be submitted to the President, Treasurer and/or the COO with supporting justification and documentation.
- C. Any payment of a claim will not establish a precedent for payment of similar or identical claims in the future.
- D. Pre-approval from the President, Treasurer and/or COO is required before incurring *any* costs for non-budget items or *any* costs which are not specifically spelled out in the reimbursement policy above.
- E. Failure to get prior approval will result in the request for non-budget reimbursement being denied.

## VI. Reimbursement Procedures

- A. The CAPA Reimbursement Form **must** be used on all claims.
- B. The supporting documentation and/or justification must be submitted with each claim (receipts are required).
- C. Reimbursement forms should be submitted to the CAPA office within thirty (30) days after approved expenses are incurred. Submissions later than thirty days require specific BOD approval on a case-by-case basis. **No claim will be honored after six (6) months from the date an expense was incurred.**
- D. Supporting documentation and reimbursement form will be kept on file at the CAPA office.
- E. Reimbursement forms and accompanying documentation must be mailed, e-mailed or faxed to the CAPA office.
- F. Any questionable claims will be handled by the President, Treasurer and COO utilizing the following procedure.
  - 1. Handling of questionable claims will be based on the reimbursement policies of CAPA.
  - 2. CAPA retains the right to withhold reimbursement on any questionable claim at the discretion of the President, Treasurer and/or the COO.
  - 3. The Treasurer or COO will notify claimant submitting a questionable claim for reimbursement immediately in writing that their claim is being reviewed.
  - 4. Reimbursement on any questionable claim will be withheld until a decision is made by the President, Treasurer, and COO to either approve or disapprove the claim.
  - 5. Action shall be taken on such questionable claims no later than the next BOD meeting.

6. A decision of the President, Treasurer and COO to withhold reimbursement may be appealed by the claimant to the full Board of Directors at the next meeting of the Board.
7. Members of the CAPA BOD and committee chairs will seek and obtain prior approval for any expenditure greater than \$500.00 from the COO and the Treasurer unless such proposed expenses fall within an appropriate line item's budgeted limits. These requests shall immediately be submitted for approval to the Executive Committee by e-mail or telephone vote if the committee happens to disagree.

# BUSINESS EXPENSE REIMBURSEMENT FORM



California Academy of Physician Assistants  
 3100 W Warner Ave, Ste 3  
 Santa Ana, CA 92704  
 (714) 427-0321 Fax (714) 427-0324

Name: \_\_\_\_\_

Travel Date(s): \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_  
 \_\_\_\_\_

Date (mm/dd/yy)	Purpose: Description of Expenditure	Auto Mileage		Transportation	Lodging	Personal Meals <i>Allowable Meal Cost: \$50 per diem</i>			Misc Expenses		Total Expense
		Miles	Mileage *	Plane, Train, Cabs, Etc.	Hotel, Motel	Breakfast	Lunch	Dinner	Postage	Other	
<b>TOTALS FOR EACH REIMBURSEMENT ITEM</b>											

Accounting Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Current Rate for Mileage  
 Reimbursement = \$.043/mile

<b>TOTAL</b>	
<i>Less Charges to CAPA</i>	
<i>Less Cash Advance</i>	
<b>AMOUNT DUE</b>	

*I certify this statement is accurate as to  
 actual & necessary business expenses.*

## CAPA Reimbursement Guidelines

(back of CAPA Reimbursement Form)

1. Reimbursement forms should be submitted to the CAPA office within thirty (30) days after approved expenses are incurred.
2. This form must be completed, signed and receipts attached before the reimbursement will be processed.
3. Travel by personal automobile shall be reimbursed at \$0.43 per mile, if such travel is necessary and other modes of transportation are not available.
4. Airport parking and travel to and from the airport will be reimbursed at cost upon submission of receipts. Use of personal automobile to and from the airport shall be reimbursed at \$0.43 per mile.
5. Lodging will be reimbursed at actual expenses up to the negotiated meeting rates being offered the California Academy. Reimbursement of up to \$50 per day will be paid for meals and tips. The calendar day (midnight to midnight) or any part of the calendar day is the unit for computing per diem allowance.
6. The calendar day (midnight to midnight) or any part of the calendar day is the unit for computing per diem *meals* allowance. **Receipts** for meals **must** be submitted with the CAPA Reimbursement Form.
7. Entertainment shall be reimbursed for California Academy members within the following guidelines after being approved by the CAPA President and COO:
  - a) They must advance CAPA's purposes and objectives.
  - b) They must be reasonable and related to CAPA activities and programs.
  - c) Expenditures must not be lavish or extravagant
  - d) The following information must be reported in the CAPA Travel Reimbursement Form.
    - the name(s) of the individual(s) entertained &
    - the character of or reason for the expenditure.
8. Expenses must be submitted on the CAPA Reimbursement Form. If you need additional forms, please request them from the CAPA office.
9. Thank you for your cooperation. Following these procedures expedites reimbursement of your expenses.

## **Policy 212.00; Communications within BOD and Committee Chairs**

**Draft Adopted:** June 27, 1999

**Date Finalized:** March 11, 2000

**Dates Revised:** June 27, 2008 – added #5

**Proponent:** Board of Directors

**Purpose:** The purposes of these guidelines are twofold: one is to prevent sometimes controversial or strategic group discussions from becoming public and the second is to establish procedure respectful of an individual's expectation of confidentiality.

**Reference:** None

**Policy:** The following policy serves as “guidelines” because rigid policy may be unnecessarily limiting in some situations. It is beyond the scope of this policy to cover all potential circumstances that may arise in such a broad topic of personal and group correspondence. These guidelines should be discussed with all incoming new Board Directors and Committee Chairs.

1. Communication is defined as discussion and/or correspondence, including e-mail and telephone calls that occurs within and between parties in this designated group for the purpose of conducting CAPA business.
2. Personal discussion, one-to-one e-mail, or other correspondence between group members that is of a potentially sensitive or controversial nature should not be forwarded to anyone else without the consent of the original sender. No “blind copying” will be tolerated.
3. The “group” under purview in this policy shall consist of Board of Directors members, Committee Chairs and the Chief Operating Officer. Members of the group should be confident in the understanding that correspondence sent within this group is privileged. The BOD or its officers may agree to add names to the group for a specific purpose and/or time period.
4. In order to protect the confidentiality of sometimes-sensitive topics, e-mail, telephone, or letter correspondence sent to the above “group” must not be forwarded to parties outside of the group without the prior consent of those involved in the communication.
5. The expectation among leaders is that the content of their emails will remain solely with the person/people to which the email was sent. Be particularly careful and check carefully to ensure that the original email does not appear below when replying to an email and adding a new person.

## **Policy 213.00; Joint Venture Policy**

**Draft Adopted:** June 27, 2009

**Date Finalized:** July 3, 2009

**Dates Revised:**

**Proponent:** Board of Directors

**Purpose:**

**Reference:**

**Policy:** This Joint Venture Policy of the California Academy of Physician Assistants requires that the Organization evaluate its participation in joint venture arrangements under Federal tax law and take steps to safeguard the Organization's exempt status with respect to such arrangements. It applies to any joint ownership or contractual arrangement through which there is an agreement to jointly undertake a specific business enterprise, investment, or exempt-purpose activity as further defined in this policy.

**1. Joint ventures or similar arrangements with taxable entities.** For purposes of this policy, a joint venture or similar arrangement (or a "venture or arrangement") means any joint ownership or contractual arrangement through which there is an agreement to jointly undertake a specific business enterprise, investment, or exempt-purpose activity without regard to: (a) whether the Organization controls the venture or arrangement; (b) the legal structure of the venture or arrangement; or (c) whether the venture or arrangement is taxed as a partnership or as an association or corporation for federal income tax purposes. A venture or arrangement is disregarded if it meets both of the following conditions:

(i) 95% or more of the venture's or arrangement's income for its tax year ending within the Organization's tax year is excluded from unrelated business income taxation [including but not limited to: (a) dividends, interest, and annuities; (b) royalties; (c) rent from real property and incidental related personal property except to the extent of debt-financing; and (d) gains or losses from the sale of property]; and

(ii) the primary purpose of the Organization's contribution to, or investment or participation in, the venture or arrangement is the production of income or appreciation of property.

**2. Safeguards to ensure exempt status protection.** The Organization will: (a) negotiate in its transactions and arrangements with other members of the venture or arrangement such terms and safeguards adequate to ensure that the Organization's exempt status is protected; and (b) take steps to safeguard the Organization's exempt status with respect to the venture or arrangement. Some examples of safeguards include:

(i) control over the venture or arrangement sufficient to ensure that it furthers the exempt purpose of the organization;

(ii) requirements that the venture or arrangement gives priority to exempt purposes over maximizing profits for the other participants;

(iii) that the venture or arrangement not engage in activities that would jeopardize the Organization's exemption; and

(iv) that all contracts entered into with the organization be on terms that are arm's length or more favorable to the Organization.

## **Policy 214.00; Whistleblower Policy**

**Draft Adopted:** June 27, 2009

**Date Finalized:** July 3, 2009

**Dates Revised:**

**Proponent:** Board of Directors

**Purpose:**

**Reference:**

**Policy:** This Whistleblower Policy of the California Academy of Physician Assistants: (1) encourages staff and volunteers to come forward with credible information on illegal practices or serious violations of adopted policies of the Organization; (2) specifies that the Organization will protect the person from retaliation; and (3) identifies where such information can be reported.

1. **Encouragement of reporting.** The Organization encourages complaints, reports or inquiries about illegal practices or serious violations of the Organization's policies, including illegal or improper conduct by the Organization itself, by its leadership, or by others on its behalf. Appropriate subjects to raise under this policy would include financial improprieties, accounting or audit matters, ethical violations, or other similar illegal or improper practices or policies. Other subjects on which the Organization has existing complaint mechanisms should be addressed under those mechanisms, such as raising matters of alleged discrimination or harassment via the Organization's human resources channels, unless those channels are themselves implicated in the wrongdoing. This policy is not intended to provide a means of appeal from outcomes in those other mechanisms.

2. **Protection from retaliation.** The Organization prohibits retaliation by or on behalf of the Organization against staff or volunteers for making good faith complaints, reports or inquiries under this policy or for participating in a review or investigation under this policy. This protection extends to those whose allegations are made in good faith but prove to be mistaken. The Organization reserves the right to discipline persons who make bad faith, knowingly false, or vexatious complaints, reports or inquiries or who otherwise abuse this policy.

3. **Where to report.** Complaints, reports or inquiries may be made under this policy on a confidential or anonymous basis. They should describe in detail the specific facts demonstrating the basis for the complaints, reports or inquiries. They should be directed to the Organization's chief employed executive or President of the Board of Directors; if both of those persons are implicated in the complaint, report or inquiry, it should be directed to the Vice President. The Organization will conduct a prompt, discreet, and objective review or investigation. Staff or volunteers must recognize that the Organization may be unable to fully evaluate a vague or general complaint, report or inquiry that is made anonymously.

**Policy 215.00; Policy on the Process for Determining Compensation****Draft Adopted:** June 27, 2009**Date Finalized:** July 3, 2009**Dates Revised:****Proponent:** Board of Directors**Purpose:****Reference:**

**Policy:** This Policy on the Process for Determining Compensation of the California Academy of Physician Assistants applies to the compensation of the following persons employed by the Organization:

- The Organization's **chief employed executive**<sup>4</sup>  
 Other **Officers**<sup>5</sup> or **Key Employees**<sup>6</sup> of the Organization.

The process includes all of these elements: (1) review and approval by the Compensation Committee (President, President Elect, Immediate Past President and Treasurer) of the Organization; (2) use of data as to comparable compensation; and (3) contemporaneous documentation and recordkeeping.

1. **Review and approval.** The compensation of the person is reviewed and approved by the Compensation Committee of the Organization, provided that persons with conflicts of interest with respect to the compensation arrangement at issue are not involved in this review and approval.
2. **Use of data as to comparable compensation.** The compensation of the person is reviewed and approved using data as to comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated organizations.
3. **Contemporaneous documentation and recordkeeping.** There is contemporaneous documentation and recordkeeping with respect to the deliberations and decisions regarding the compensation arrangement. Minutes will include copies of the data used to compare compensation for similarly qualified persons in comparable positions and will be distributed to the Compensation Committee and CAPA's CPA.

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<sup>4</sup> **Chief employed executive** – The CEO (i.e., Chief Executive Officer), executive director, or top management official (i.e., a person who has ultimate responsibility for implementing the decisions of the Organization's governing body or for supervising the management, administration, or operations of the Organization).

<sup>5</sup> **Officer** – A person elected or appointed to manage the Organization's daily operations, such as a president, vice-president, secretary or treasurer. The officers of the Organization are determined by reference to its organizing document, bylaws, or resolutions of its governing body, or as otherwise designated consistent with state law, but at a minimum include those officers required by applicable state law. Include as officers the Organization's top management official and top financial official (the person who has ultimate responsibility for managing the Organization's finances).

<sup>6</sup> **Key Employee** – An employee of the Organization who meets all three of the following tests: (a) \$150,000 Test: receives reportable compensation from the Organization and all related organizations in excess of \$150,000 for the year; (b) Responsibility Test: the employee: (i) has responsibility, powers, or influence over the Organization as a whole that is similar to those of officers, directors, or trustees; (ii) manages a discrete segment or activity of the Organization that represents 10% or more of the activities, assets, income, or expenses of the Organization, as compared to the Organization as a whole; or (iii) has or shares authority to control or determine 10% or more of the Organization's capital expenditures, operating budget, or compensation for employees; and (c) Top 20 Test: is one of the 20 employees (that satisfy the \$150,000 Test and Responsibility Test) with the highest reportable compensation from the Organization and related organizations for the year.

## Policy 216.00; Document Retention and Destruction Policy

**Draft Adopted:** June 27, 2009

**Date Finalized:** July 3, 2009

**Dates Revised:**

**Proponent:** Board of Directors

**Purpose:**

**Reference:**

**Policy:** This Document Retention and Destruction Policy of the California Academy of Physician Assistants identifies the record retention responsibilities of staff, volunteers, members of the Board of Directors, and outsiders for maintaining and documenting the storage and destruction of the Organization's documents and records.

1. **Rules.** The Organization's staff, volunteers, members of the Board of Directors and outsiders (i.e., independent contractors via agreements with them) are required to honor these rules: (a) paper or electronic documents indicated under the terms for retention below will be transferred and maintained by the Human Resources, Legal or Administrative staffs/departments or their equivalents; (b) all other paper documents may be destroyed after three years; (c) all other electronic documents may be deleted from all individual computers, data bases, networks, and back-up storage after one year; and (d) **no paper or electronic documents will be destroyed or deleted if pertinent to any ongoing or anticipated government investigation or proceeding or private litigation.**

### 2. **Terms for retention.**

#### a. Retain permanently:

*Governance records* - Charter and amendments, Bylaws, other organizational documents, governing board and board committee minutes.

*Tax records* - Filed state and federal tax returns/reports and supporting records, tax exemption determination letter and related correspondence, files related to tax audits.

*Intellectual property records* - Copyright and trademark registrations and samples of protected works.

*Financial records* - Audited financial statements, attorney contingent liability letters.

#### b. Retain for ten years:

*Pension and benefit records* - Pension (ERISA) plan participant/beneficiary records, actuarial reports, related correspondence with government agencies, and supporting records.

*Government relations records* - State and federal lobbying and political contribution reports and supporting records.

#### c. Retain for three years:

*Employee/employment records* - Employee names, addresses, social security numbers, dates of birth, INS Form I-9, resume/application materials, job descriptions, dates of hire and termination/separation, evaluations, compensation information, promotions, transfers, disciplinary matters, time/payroll records, leave/comp time/FMLA, engagement and discharge correspondence, documentation of basis for independent contractor status (retain for all current employees and independent contractors and for three years after departure of each individual).

*Lease, insurance, and contract/license records* - Software license agreements, vendor, hotel, and service agreements, independent contractor agreements, employment agreements, consultant agreements, and all other agreements

(retain during the term of the agreement and for three years after the termination, expiration, non-renewal of each agreement).

d. Retain for one year:

*All other electronic records, documents and files* - Correspondence files, past budgets, bank statements, publications, employee manuals/policies and procedures, survey information.

3. **Exceptions.** Exceptions to these rules and terms for retention may be granted only by the Organization's chief staff executive or President of the Board of Directors.

## **Policy 217.00; Conflict of Interest Policy**

**Draft Adopted:** June 27, 2009

**Date Finalized:** July 3, 2009

**Dates Revised:**

**Proponent:** Board of Directors

**Purpose:**

**Reference:**

**Policy:** This Conflict of Interest Policy of the California Academy of Physician Assistants: (1) defines conflicts of interest; (2) identifies classes of individuals within the Organization covered by this policy; (3) facilitates disclosure of information that may help identify conflicts of interest; and (4) specifies procedures to be followed in managing conflicts of interest.

- 1. Definition of conflicts of interest.** A conflict of interest arises when a person in a position of authority over the Organization may benefit financially from a decision he or she could make in that capacity, including indirect benefits such as to family members or businesses with which the person is closely associated. This policy is focused upon material financial interest of, or benefit to, such persons.
- 2. Individuals covered.** Persons covered by this policy are the Organization's officers, directors, chief employed executive and chief finance executive.
- 3. Facilitation of disclosure.** Persons covered by this policy will annually disclose or update to the President of the Board of Directors on a form provided by the Organization their interests that could give rise to conflicts of interest, such as a list of family members, substantial business or investment holdings, and other transactions or affiliations with businesses and other organizations or those of family members.
- 4. Procedures to manage conflicts.** For each interest disclosed to the President of the Board of Directors, the President will determine whether to: (a) take no action; (b) assure full disclosure to the Board of Directors and other individuals covered by this policy; (c) ask the person to recuse from participation in related discussions or decisions within the Organization; or (d) ask the person to resign from his or her position in the Organization or, if the person refuses to resign, become subject to possible removal in accordance with the Organization's removal procedures. The Organization's chief employed executive and chief finance executive will monitor proposed or ongoing transactions for conflicts of interest and disclose them to the President of the Board of Directors in order to deal with potential or actual conflicts, whether discovered before or after the transaction has occurred.



## Conflict of Interest Disclosure

<b>CAPA Board Position</b>	
<b>Date</b>	
<b>Name</b>	

CAPA must ensure that as an officer, director, chief employed executive and chief finance executive, you in no way benefitting from a decision you could make in that capacity, including indirect benefits such as to family members or businesses with which the person is closely associated. This disclosure is focused upon material financial interest of, or benefit to, such persons.

CAPA has implemented a process wherein those who hold the above mentioned positions will state their interests that could give rise to conflicts of interest, such as a list of family members, substantial business or investment holdings, and other transactions or affiliations with businesses and other organizations or those of family members.

In order to do this, please complete this disclosure statement and return it to the CAPA President no later than July 1. This information is necessary to comply with CAPA's Conflict of Interest Policy. Without this disclosure, you may be disqualified from serving on the CAPA Board of Directors.

### **Instructions**

Please list any financial relationships which could give rise to conflicts of interest, such as a list of family members, substantial business or investment holdings, and other transactions or affiliations with businesses and other organizations or those of family members.

**If you have no relevant financial relationships with commercial interests, please check the box indicating that at the bottom of the form.**

### **Use of This Information**

A conflict of interest exists when an individual has a relationship/business interest which would benefit the individual or family member. **The intent of disclosure is not to disqualify a person from serving on the Board of Directors**, but to resolve any conflicts of interest that may arise from relationships the board member may have.

For each interest disclosed to the President of the Board of Directors, the President will determine whether to: (a) take no action; (b) assure full disclosure to the Board of

Directors and other individuals covered by this policy; (c) ask the person to recuse from participation in related discussions or decisions within the CAPA; or (d) ask the person to resign from his or her position in CAPA or, if the person refuses to resign, become subject to possible removal in accordance with the CAPA's removal procedures. CAPA's chief employed executive and chief finance executive will monitor proposed or ongoing transactions for conflicts of interest and disclose them to the President of the Board of Directors in order to deal with potential or actual conflicts, whether discovered before or after the transaction has occurred.

My Interest	Nature of Relevant Relationship	
	Nature of what I receive/d*	My role
<i>Examples:</i> Wyndham Hotels Foley Lardner	<i>Examples:</i> Nothing Expert Witness Fees	<i>Examples:</i> Brother is CEO Expert Witness

**\*CAPA is not inquiring about the monetary amount**

<input type="checkbox"/>	Neither I nor my spouse/partner/family member(s) have any relationship/business interests which would benefit me/us/them.
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Date:	Signature:
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**California Academy of PAs use only:**

This disclosure form was reviewed by the President and COO

<b>Date of Review</b>	
<b>Name of Reviewer</b>	

## **Policy 301.00; Membership Categories**

**Draft Adopted:** March 18, 1995

**Date Finalized:** May 7, 1995

**Dates Revised:** April 21, 1996 - Added Retirement (edited as approved in 1998 bylaws during 1999 P&P update)

August 29, 1998 - Revised Founding Member to include Honorary Founding Member (edited as approved in 1998 bylaws during 1999 P&P update)

August 29, 1998 - Added Interim Student

January 28, 2006 - Updated Interim Student

June 27, 2008 - General cleanup

**Proponent:** Board of Directors and Membership Committee

**Purpose:** To establish the Academy membership categories

**Reference:** CAPA Bylaws Article V

**Policy:** Members of this Academy shall be people who are cognizant of their obligation to serve the public and who meet the requirements for membership defined in the Bylaws and this policy.

**FELLOW:** Fellow members shall be physician assistants who are Fellow members of the American Academy of Physician Assistants (“AAPA”). Fellow members shall be eligible to hold office and shall have full voting rights.

**ASSOCIATE:** Associate members shall be physician assistants who are eligible for AAPA fellow membership but elect not to join the AAPA, or who are ineligible for AAPA fellow membership. Associate members may be fully active in affairs of the Academy, but may not directly participate in issues relating to the AAPA, such as submitting resolutions to, being a delegate to, or voting for delegates to the AAPA House of Delegates, and may not become officers of the Academy.

**AFFILIATE:** Affiliate members shall be persons who are not physician assistants and who wish to support and maintain a formal relationship with the Academy. Affiliate members shall be entitled to participate in Academy activities, but shall not be entitled to vote or hold office.

**STUDENT:** Granted to those students currently enrolled in an entry-level PA program accredited by ARC-PA or its successor. Student members may hold the office of Student Representative only, and no student may vote in Board of Directors and officer elections other than for the Student Representative, or vote for AAPA related issues.

**INTERIM STUDENT:** Student members graduating from an ARC-PA accredited program, or its successor, during the current membership year who have been CAPA members through their second/senior year as physician assistant students.

**PHYSICIAN:** Physicians who are licensed to practice in the U.S., who wish support and maintain a formal relationship with the Academy. Physician members shall be entitled to participate in Academy activities but shall not be entitled to vote or hold office.

**PHYSICIAN/PA:** Combined membership for Fellow/Associate PA member and supervising physician, both meeting the requirements as previously stated.

**MILITARY:** Open to Full-Time Permanent/Active Duty PAs. Military members who qualify for Fellow membership in the Academy shall enjoy all the rights of a Fellow if AAPA recognizes the Academy as the constituent chapter representing them with AAPA. Otherwise, if CAPA is not recognized as the constituent chapter representing them with AAPA, they shall have the rights of Associate membership.

**HONORARY:** Honorary members shall be persons who have rendered outstanding service to the Academy, who are nominated by a physician assistant member of the Academy, and who are confirmed by a two-thirds (2/3) vote of the Board of Directors. Honorary members shall have all the rights and privileges of the Academy except, voting, holding office, or chairing committees. They shall be exempt from payment of dues.

**FOUNDING/HONORARY FOUNDING:** The Founding member classification is reserved exclusively for those who participated in the founding of CAPA. Physician assistants who have been, or are CAPA members and who have demonstrated exemplary service in the advancement of the California Academy of Physician Assistants and the physician assistant profession generally may be accorded recognition for such stellar service by being appointed as Honorary Founding Members. Honorary Founding Members shall be nominated by a Fellow or Associate member and must be confirmed by a two-thirds (2/3rds) vote of the CAPA Board of Directors. They shall be known as Honorary Founding Members, in addition to their current or previous membership status. They shall have no rights and privileges of CAPA, however, except as granted to them by whatever other CAPA membership status they currently hold.

**RETIREMENT:** Retirement status shall be open to PAs who have retired completely from the PA profession. These people will have been previous CAPA members for at least 3 years (not necessarily the last 3 years or 3 years in succession). Retirement members will receive publications. They will not be allowed to hold office, chair a committee, or have voting privileges. Retirement members shall be automatically renewed each year without special reapplication. If a retirement member resumes any work as a PA, then their retirement membership will be terminated. Retirement membership in the California Academy can be conferred by a majority decision of the BOD in any meeting of the Board allowed by CAPA bylaws.

## **Policy 301.01; Membership Dues**

**Draft Adopted:** March 18, 1995

**Date Finalized:** May 7, 1995

**Dates Revised:** April 21, 1996, -- Added Retirement (edited as approved in 1998 bylaws during 1999 P&P update)

August 29, 1998 - Added Founding/Honorary Founding (edited as approved in 1998 bylaws during 1999 P&P update)

June 4, 1999 - Revised VI to omit actual charges, replace with Board of Directors designation.

August 29, 1998 - Added Interim Student

**Proponent:** Board of Directors

**Purpose:** To establish the dues structure of the Academy.

**Reference:** CAPA Bylaws Article VII Section 4., c.

**Policy:** The CAPA Board of Directors will impose such charges, dues and/or assessments as it may deem advisable for purposes of furthering the Academy's objectives.

## **Annual CAPA Dues**

The Board of Directors shall determine dues in the following categories:

- Fellow
- Associate
- Student
- Interim Student
- Physician
- Joint Physician/PA
- Military
- Affiliate
- Group Membership

The following dues categories are considered complimentary:

- Founding/Honorary Founding
- Hardship

Retirement shall be determined as 25% of current Fellow dues.

## **Policy 302.00; Hardship: Waiver of Dues**

**Draft Adopted:** July 29, 1995

**Date Finalized:** October 14, 1995

**Dates Revised:** June 27, 2008 - General cleanup and updated section III - Hardship Membership can be conferred by the COO or office designee instead of a majority vote from the BOD.

**Proponent:** Board of Directors

**Purpose:** To establish policy regarding Hardship Membership in the California Academy.

**Reference:** CAPA Bylaws Article VII, § 4., c.

**Policy:** The California Academy recognizes that current and potential Fellow, Associate and Student members may find themselves in extraordinary financial circumstances through no fault of their own making payment of dues an unreasonable hardship. Furthermore, through this policy and procedure, the California Academy will grant Hardship membership in the California Academy for qualifying Fellow, Associate and Student members. Hardship Membership in the California Academy means that dues are waived for the current fiscal year. A member in the Hardship category retains all rights and privileges consistent with the membership category for which they qualify.

- I. Request for Hardship Membership in the California Academy must either be requested in writing by the member or potential member, or by a member of the Board of Directors.
- II. At the discretion of the President, or at the request of a member of the Board of Directors, an *Ad Hoc* Committee of the Board may be appointed to review a request for Hardship Membership and to provide a recommendation for action to the full Board of Directors.
  - A. Nothing in this policy shall be construed to imply that the Board cannot act on a request for Hardship Membership directly.
  - B. After a formal request for Hardship membership, and while a Board decision is pending, an existing member of the California Academy shall temporarily retain all rights and privileges of their previous membership status.
  - C. The *Ad Hoc* Committee has the authority to investigate any and all circumstances surrounding a member's or potential member's hardship status in preparation of their recommendation.
  - D. Failure of the member or potential member to cooperate fully with the *Ad Hoc* Committee will result in the immediate denial of the request for Hardship membership.
- III. Hardship Membership in the California Academy can be conferred by the COO or their office designee.
- IV. When appropriate, requests for Hardship Membership in the California Academy must be renewed annually when appropriate.
- V. Examples of situations which qualify for Hardship Membership include, but are not limited to:
  - A. Medical disability.

- B. Illness.
  - C. Injury.
  - D. Full-time service in the Peace Corps or international humanitarian health practice.
  - E. Other extraordinary financial hardship out of the control of the member or potential member.
- VI. Examples of situations which do not qualify for Hardship Membership include, but are not limited to:
- A. Disciplinary action.
  - B. Termination of employment for cause.
  - C. Military Active Duty.
  - D. Conviction of a crime.
  - E. Other financial hardship in the control of the member or potential member.

## **Policy 501.00; Committee Service**

**Draft Adopted:** January 7, 1996

**Date Finalized:** October 10, 1996

**Dates Revised:** August 28, 1999 - Revised term of office  
September 12, 2004 - Revised CME and GAC committees' term of service and added requirement that all members of a committee be a CAPA member.  
June 27, 2008 - General cleanup to add Interim Student  
July 1, 2010 - Revised Student Affairs Committee term of service and updated GAC to LAC

**Proponent:** Board of Directors

**Purpose:** To establish policy for committee service.

**Reference:** CAPA Bylaws Article XI.

To serve on a CAPA committee, either as a member or as Chair, one must be either a Fellow, Associate, Military, Student or Interim Student CAPA member in good standing throughout the entire term of service. The terms of appointments of Committee Chairs and Committee Members shall be one (1) year from July 1 to June 30. The only exceptions are the CME Chair, the LAC Chair, and the SAC Chair, and their respective committees whose term shall be from November 1 through October 31. Committee Chairs and Committee Members shall consider their obligations complete at the end of this period.

## **Policy 502.00; *Ex Officio* Members of CAPA Committees**

**Draft Adopted:** January 24, 1995

**Date Finalized:** May 7, 1995

**Dates Revised:** July 1, 2010 - Updated to change Government to Legislative

**Proponent:** Board of Directors and Professional Practice Committee

**Purpose:** To formulate policy governing the role and function of *ex officio* members of CAPA committees

**Reference:** Modern Parliamentary Procedure, p. 91.

**Policy:** The California Academy of Physician Assistants recognizes that certain of its committees will have *ex officio* members.

### **Procedure:**

- I. The President of the California Academy of Physician Assistants will be an *ex officio* member of all committees, sub-committees, and other entities of CAPA.
- II. The chair of the Legislative Affairs Committee will be an *ex officio* member of the Professional Practice Committee.
- III. The chair of the Professional Practice Committee will be an *ex officio* member of the Legislative Affairs Committee.
- IV. *Ex officio* membership will confer all the privileges of other committee members, including the right to vote, but not the obligation to attend meetings regularly.
- V. An *ex officio* member shall not be counted in determining the number of members that constitute a theoretical quorum for meetings in general; however, if an *ex officio* member is present, his/her presence will be counted toward the establishment of a quorum for that particular meeting.

## **Policy 503.01; Continuing Medical Education Committee Job Description**

**Draft Adopted:** March 18, 1995

**Date Finalized:** May 7, 1995

**Dates Revised:** August 28, 1999: Added IV below  
June 27, 2008 - General cleanup and updated the term of office to reflect the appropriate dates of November 1 - October 31.

**Proponent:** Board of Directors

**Purpose:** To establish committee charges and job description.

**Reference:** CAPA Constitution and Bylaws

## **Continuing Medical Education Committee**

CAPA's Continuing Medical Education (CME) Committee is an integral link between PAs and the issues involving PA practice in California and the United States. The Committee combines outstanding pertinent medical and professional lectures to ensure that one of the Committee's missions, to develop, sponsor and evaluate CME for PAs is fulfilled.

- I. The CME Committee is charged with organizing the CAPA Annual Conference as well as other CME meetings as determined by the BOD. The purpose of the CAPA Annual Conference is to provide quality CME, a forum for professional and social interaction, and to generate non-dues revenue to help sustain the operation of the Academy.
- II. The Committee will constantly evaluate the CME needs of members of CAPA to ensure that programs sponsored work to ensure that PAs and other primary care providers in California are well-informed regarding current medical trends and topics.
- III. The Committee will follow appropriate PhRMA guidelines to ensure that CAPA's relationships with pharmaceutical companies are of a responsible nature and promote the highest ethical standards possible.
- IV. The term of office for the CME Chair will begin on November 1 and end on October 31. The President-Elect will choose the CME Chair with approval of the BOD.

## **Policy 503.01.00; Conference Fees**

**Draft Adopted:** July 20, 1996

**Date Finalized:** October 10, 1996

**Dates Revised:** January 4, 1997 adopted 1 and 2.

April 17, 1999 included Budget Committee.

June 4, 1999 revised 3 to omit actual charges and include Budget Committee/CME Committee

June 8, 1999 - Changed title of policy to "Conference Fees"

June 8, 1999 - Added Annual Conference sub-heading, revised policy where applicable

June 27, 2008 - Updated guest registration to delete access to lectures as part of their fee; and deleted discounts offered to exhibitors.

**Proponent:** CME Committee

**Purpose:** To define CAPA policy regarding conference fees, discounts and waivers.

**Reference:** None

**Policy:** CAPA shall have consistent and justifiable policies regarding all fees charged, and waivers and discounts granted, at the Annual CAPA Conference and all other conferences held by CAPA. The Budget Committee with the CME Committee shall propose all conference fees and submit said fees to the Board of Directors for ratification.

- I. The Chief Operating Officer, with the concurrence of the CME Committee Chair, has the authority to waive late conference registration fees on a case-by-case basis.

### A. ANNUAL CONFERENCE

1. *Hardship* and *Retirement* categories of CAPA Annual Conference registration are available, the fees for which are equal to the actual CAPA cost of meals, services and supplies. To be eligible for Hardship or Retirement CAPA Conference registration, one must be a Hardship or Retirement member of CAPA.
2. One day conference fees will be available for each day of the Annual Conference (i.e., Friday, Saturday, and Sunday) based on the current Annual Conference Fee for both graduates and students. Developed fees shall be based on the proportion of CME hours available each day as measured against the total of available CME hours.
3. A *Guest Registration* fee will be made available at the Annual Conference. This fee will provide access to the Exhibit Hall and meals to attendees who do not require CMEs.
4. The *Exhibit Hall Only* category will provide an opportunity for attendees to visit the Exhibit Hall without paying for the entire conference. The Exhibit Hall Only category does not provide meals, CME or access to lectures or workshops.
5. The Fee for each Exhibit Space shall be determined by the Budget Committee, in concurrence with the CME Committee as set forth in policy above.

## **Policy 503.02; Nominating Committee Job Description**

**Draft Adopted:** March 18, 1995

**Date Finalized:** May 7, 1995

**Dates Revised:** June 27, 2008 - Changed name of Committee from Elections to Nominating and added a Committee duties description.

**Proponent:** Board of Directors

**Purpose:** To establish committee charges and job description.

**Reference:** CAPA Constitution and Bylaws

## **Nominating Committee**

The Chair of the Nominating Committee will be the President-Elect. He/she will select members to serve on the Committee.

The Nominating Committee will:

1. Actively solicit and encourage qualified candidates to seek elected Academy office.
2. Work to ensure that candidates represent the diversity of the Academy.
3. Observe, identify and recruit potential candidates through attendance of the Nominating Committee at CAPA Conferences, local group dinners, Pri-Med and other venues.
4. Network with CAPA and local group leaders to identify future candidates from local and regional sources.
5. Interact with CAPA Board and staff to assist potential candidates to develop essential leadership qualities, qualifications and skills.
6. Endorse the most qualified candidates to strengthen the future of CAPA in accordance with the CAPA Mission Statement.

### **Evaluation Process**

1. Every committee member will review and evaluate all candidates by reviewing their list of qualifications (competencies).
2. Each committee member will call one or two candidates and interview them in depth, using pre-determined questions.

### **Endorsed Candidates**

The committee has the charge not to endorse potential candidates who the committee believes do not meet the competencies required for the respective positions.

Non-Endorsed Candidates may self declare.

## **Policy 503.03; Legislative Affairs Committee Job Description**

**Draft Adopted:** March 18, 1995

**Date Finalized:** May 7, 1995

**Dates Revised:** June 27, 2008 - General cleanup

July 1, 2010 - Changed Government to Legislative and GAC to LAC.

**Proponent:** Board of Directors

**Purpose:** To establish committee charges and job description.

**Reference:** CAPA Constitution and Bylaws

## **Legislative Affairs Committee**

The Legislative Affairs Committee (LAC) is charged with overseeing the legislative and regulatory changes at the, state level that impact PA practice in California. The Committee's work is to be concentrated on the state level, as well as acting as the constituent chapter level contact for the AAPA in legislative and regulatory areas on the federal level. CAPA's overall mission - to sponsor and promote regulatory and legislative changes which will enhance the ability of the PA to provide safe, cost-effective medical care to the citizens of California; to oppose regulatory and legislative changes which will impede the ability of the PA to provide safe, cost-effective medical care to the citizens of California - is carried out in large part by the LAC.

- I. The LAC monitors legislation and regulatory change and recommends action to the BOD.
- II. The LAC educates legislators, their staffs and other government workers about PAs.
- III. The LAC will be actively involved in establishing and nurturing liaisons with other health professional organizations throughout the state

## **Policy 503.03.00; Legislative Action**

**Draft Adopted:** July 16, 1994

**Date Finalized:** November 19, 1994

**Dates Revised:** June 27, 2008 - General cleanup and updated section VI. to add to the COO to receive, review and approve the draft letter  
July 1, 2010 - Changed Government to Legislative, GAC to LAC and general cleanup.

**Proponent:** Board of Directors and Legislative Affairs Committee

**Purpose:** To establish a mechanism for expressing formal Academy positions on legislative and regulatory issues affecting PAs and their patients on the state and federal level.

**Reference:** CAPA Bylaws Articles VII and XI.

AAPA Policy 602-02-01.

AAPA Policies §900-00 Government Affairs.

**Policy:** One of the purposes of CAPA is “To sponsor and promote regulatory and legislative changes which will enhance the ability of the physician assistant to provide safe, cost-effective medical care to the citizens of California.” To this end, the Academy will take formal positions on legislative and regulatory issues as they affect our membership, our profession and the patients we serve, upon formal recommendation of the Legislative Affairs Committee and adoption by the Board of Directors.

### **Procedure:**

- I. The LAC is responsible for reviewing all proposed legislation and regulatory changes which can be reasonably expected to have an impact on the Academy’s membership, our profession and our patients.
- II. The range and meaning of Academy positions on legislative and regulatory issues is defined in Policy 503.03.01.
- III. Recommendations for formal Academy positions on legislative and regulatory issues must come from the LAC except in the very rare instance when the time required for this review and recommendation would result in serious harm to the Academy.
- IV. The right and authority to establish formal Academy positions on legislative and regulatory issues resides solely with the Board of Directors pursuant to Article VII, §4., of the Bylaws.
- V. After a formal position is taken on a legislative or regulatory issue in any meeting of the Board of Directors allowed pursuant to Article VII or X of the Bylaws, a letter stating the Academy’s position will be drafted by the LAC Chairperson or his/her designee if such action is indicated pursuant to CAPA Policy 503.03.01.
- VI. The draft letter will be forwarded to the President and COO for review, approval pursuant to CAPA Policy 205.00.
- VII. The final letter will be forwarded to the appropriate legislators/representative(s) and/or agency(ies) within ten (10) working days of the formal action of the Board of Directors or when otherwise appropriate.

## **Policy 503.03.01; CAPA Legislative Position Recommendations**

**Draft Adopted:** November 19, 1994

**Date Finalized:** January 8, 1995

**Dates Revised:** July 29, 1995

June 27, 2008 - General cleanup

July 1, 2010 - Changed Government to Legislative

**Proponent:** Board of Directors and Legislative Affairs Committee

**Purpose:** To establish the formal California Academy positions for use in legislative and regulatory bill analysis on issues affecting CAPA's constituents and the patients that we serve on the local, state and federal levels.

**Reference:** CAPA Bylaws Article XI.

### **POSITION RECOMMENDATIONS**

<b>ACTIVE SUPPORT</b>	Items of very critical relevance to CAPA's mission. Support of legislation in this category shall definitely include letterwriting, lobbying, networking activities, necessary funding and other activities as indicated.
<b>SUPPORT</b>	Items of some relevance to CAPA's mission. CAPA's support of legislation in this category may include letterwriting and networking, but would not involve significant effort or financial expenditure.
<b>NEUTRAL</b>	CAPA would take an official opinion of neutrality, would express no official opinion in support or in opposition, and would permit no lobbying activity.
<b>OPPOSE</b>	Items of some relevance to CAPA's mission. CAPA's opposition to legislation in this category may include letterwriting and networking, but would not involve significant effort or financial expenditure.
<b>ACTIVE OPPOSITION</b>	Items of very critical relevance to mission. Opposition to legislation in this category shall definitely include letterwriting, lobbying, networking activities, necessary fundraising, and other activities as indicated.
<b>WATCH</b>	Bills of some interest or peripheral relevance to CAPA's mission. Such bills require little or no action. Bills in this category require careful tracking, however, for potential future amendments and/or possible change in CAPA's position.
<b>UNLESS AMENDED</b>	Any of the above positions may be combined or modified to reflect recommendations contingent upon suggested changes such as "Support if amended to add/delete...", "Oppose unless amended in the following manner ...," etc. This position would require at least some telephone calls, letterwriting, <i>etc.</i> in order to communicate CAPA's position and in order to attempt to implement the change(s) desired by CAPA.

## **Policy 503.04; Committee on Diversity Job Description**

**Draft Adopted:** March 18, 1995

**Date Finalized:** May 7, 1995

**Dates Revised:** May 17, 1999 - Added to goals of MAC the awarding of the Ruth Webb Scholarship

November 19, 2000 - Changed name of Committee from "Minority" to "Multicultural"

December 5, 2004 - Changed name of Committee from "Multicultural" to Committee on Diversity

June 27, 2008 - General cleanup

**Proponent:** Board of Directors

**Purpose:** To establish committee charges and job description.

**Reference:** CAPA Constitution and Bylaws

## **Committee on Diversity**

### A. GOALS

The goals of the Committee on Diversity are:

1. To INCREASE minority representation in the Physician Assistant Profession through increased recruitment and retention in physician assistant programs.
2. To DEVELOP minority leadership among practicing physician assistants in California.
3. To INCREASE public awareness of the available health care services especially in under-served communities and thus improve their access to healthcare.
4. To SELECT the recipient of the Ruth Webb Memorial Scholarship from the pool of applications provided by the Student Affairs/Scholarship Committee.

### B. STRATEGIES

1. To achieve our goals, COD had historically been involved in such programs as Project ACCESS, a minority recruitment program, which is designed to expose high school and college students to the PA profession.
2. COD is also actively participating in local and national mentorship programs with Physician Assistant programs and have paired many minority graduates with incoming students to assist them in their educational objectives and to help them successfully pass their national certifying examination.
3. COD has and will continue to be involved in local community groups and programs that educate the community about the physician assistant profession and opportunities for minorities interested in the healthcare field.

## **Policy 503.05; Magazine**

**Draft Adopted:** May 14, 1994

**Date Finalized:** July 16, 1994

**Dates Revised:** June 27, 2008 - Updated section II to change the Editor of the *CAPA News* from being appointed by the President to CAPA staff.  
July 1, 2010 - Updated Policy to reflect "Magazine" instead of "Newsletter"

**Proponent:** Board of Directors

**Purpose:** To establish the newsletter as the official publication of CAPA.

**Reference:** CAPA Bylaws Articles III & XI

### **Policy:**

- I. The *CAPA News*, the official magazine of CAPA, is intended to cultivate a unity of purpose among Academy members through the sharing of ideas and information by carrying news of key issues, concerns, and achievements of PAs to CAPA's statewide membership.
- II. The Editor of the *CAPA News* shall be CAPA staff. The Editor shall chair the Editorial Board of the *CAPA News* which must include, but is not limited to, the President, COO and CAPA counsel.
- III. The Editorial Board of the *CAPA News* has the sole authority to determine the content of the *CAPA News*, and reserves the right to edit, condense, and/or refuse publication of submitted articles, letters, and advertising at its sole discretion, subject to the ultimate authority of the Board of Directors.

## **Policy 503.06; Professional Practice Committee Job Description**

**Draft Adopted:** March 18, 1995

**Date Finalized:** May 7, 1995

**Dates Revised:** March 15, 1997 - Added review of AAPA materials  
June 27, 2008 - General cleanup

**Proponent:** Board of Directors

**Purpose:** To establish committee charges and job description.

**Reference:** CAPA Constitution and Bylaws

## **Professional Practice Committee**

### **I. Committee Job Description.**

The charge of the Professional Practice Committee (PPC) is to develop policy statements, guidelines, opinions, and reports important to the professional practice of PAs in California and congruent with the mission and goals of CAPA as determined by the Board of Directors (BOD).

The PPC is also required to review all materials generated by the AAPA affecting PA practice in California, including but not necessarily limited to the Professional Practice Council, Education, and Quality Management committees as well as the Clinical and Scientific Affairs council. Reports of such reviews will be submitted to the board.

When California PAs request assistance on professional practice matters that do not clearly fall within the scope of other CAPA committees or on which there exists no formal CAPA policy, the PPC will attempt to intervene on a timely basis and will then draft new policy formulations for consideration by the BOD as indicated. Such matters may include hospital privileges, malpractice or entity liability insurance coverage, nurses' refusal to accept PA orders, reimbursement for PA services from third-party sources, or similar issues. The PPC may also deal with ethical issues such as non-consensual HIV testing or euthanasia.

### **II. Committee Goals.**

The primary goal of the PPC will be to formulate drafts of policy on matters of its own concern or on matters which it has received as a charge from the BOD. Once the BOD has acted on drafts of policy, the PPC will then assist in disseminating and publicizing such policy by submitting timely articles to the *CAPA News*, by cooperating with other committees that may be tasked with implementing such newly-formulated policy, and by other approaches.

A secondary, though vital, goal will be to assist PAs with their specific professional practice concerns by writing letters to key individuals and by the use of other strategic means.

### **III. Committee Strategies.**

The PPC will encourage individual PAs, members of other CAPA committees, supervising physicians, the CAPA BOD, and other interested parties to identify issues for potential PPC consideration. As issues are identified, the PPC will discuss and prioritize them before fleshing them out into formal reports or drafts of potential policy. The PPC will afford CAPA members and other interested parties the opportunity to review, discuss, and comment on all of the PPCs formal policy reports, when possible, prior to PPC adoption and submission to the CAPA BOD for its action.

## **Policy 503.07; Public Relations Committee Job Description**

**Draft Adopted:** March 18, 1995

**Date Finalized:** May 7, 1995

**Dates Revised:** June 25, 2004

June 27, 2008 - General cleanup and deleted section V. under "strategies" to develop education videos regarding the profession.

**Proponent:** Board of Directors

**Purpose:** To establish committee charges and job description.

**Reference:** CAPA Constitution and Bylaws

## **Public Relations Committee**

The Public Relations Committee (PRC) of CAPA is charged by the Board of Directors with promoting the physician assistant profession in California. According to the Bylaws, one of CAPA's purposes is to serve as a public information center regarding the physician assistant profession for its members, other health professions and the public.

The goals of the PRC are to:

- I. Educate the public, organizations, other health professions, *etc.*, about the profession and its role in the health care delivery system.
- II. Develop, evaluate and distribute materials regarding the profession and the Academy.
- III. Develop a coherent and consistent message to the various media interested in health care.
- IV. Serve as an "information center" for the academy and profession.

Strategies utilized to achieve CAPA/Committee goals are:

- I. Developing and publishing informational booklets such as The Physician Assistant.
- II. Developing "Fact Sheets" regarding the profession, its utilization and regulation--in concert with the PPC and other CAPA committees.
- III. Cultivate positive relationships with health care reporters working for TV, radio and print media.
- IV. Utilize commercial PR firms--when deemed necessary--to generate PA focused stories in journals, magazines, newspapers, etc.

**Policy 503.08; Student Affairs Committee Job Description****Draft Adopted:** March 18, 1995**Date Finalized:** May 7, 1995

**Dates Revised:** December 11, 1999 - Added sections III, IV, V, VI below  
 December 11, 1999 - Added the word "appropriate" to section II, line 5  
 May 17, 1999 - Added Scholarship goals (from November 8, 1997) below, revised language to reflect scholarship capacity of Committee  
 November 19, 2000 - Revised MAC title to reflect new Committee name "Multicultural" vs. "Minority"  
 December 5, 2004 - Revised MAC title to reflect new Committee name COD "Committee on Diversity"  
 June 27, 2008 - General cleanup and updated section II. A2 (scholarship sub-committee shall consist of at least two other CAPA members)  
 July 1, 2010 - Added III and IV - Student Challenge Bowl and Student Ambassador Program responsibilities.

**Proponent:** Board of Directors**Purpose:** To establish committee charges and job description.**Reference:** CAPA Constitution and Bylaws

## Student Affairs Committee

- I. The Student Affairs Committee shall write one article for each issue of the *CAPA News*.
- II. The CAPA Student Affairs Committee shall put forth yearly a call for applications for the general CAPA Physician Assistant Scholarships and the Ruth Webb Memorial Scholarship. The CAPA Student Scholarship Sub-Committee will convene for the purposes of awarding the general scholarships and referring the remaining appropriate applications to the Committee on Diversity (COD) for selection of the Ruth Webb Scholarship. The Student Scholarship Sub-Committee shall disband at such time as the scholarships for that year are presented.
  - A. The CAPA Student Scholarship Sub-Committee shall consist of:
    1. Student Affairs Committee Chair
    2. At least two other CAPA members
  - B. The Student Scholarship Sub-Committee will be responsible for the awarding of two CAPA general scholarships. The Committee on Diversity shall select the Ruth Webb Memorial Scholarship recipient.
  - C. The Student Scholarship Sub-Committee will review all scholarship applications that are submitted and select 2 general scholarship recipients. All remaining scholarship applications self-designated as minority will be forwarded to the Committee on Diversity for selection of the Ruth Webb Memorial Scholarship.
- III. Coordinate and oversee all aspects of the Student Challenge Bowl.
- IV. Coordinate and oversee all aspects of the Student Ambassador Program.
- V. Arrange presentation to incoming PA students at all California PA programs at discretion of faculty at said programs.

- VI. Leadership mentoring of Student Representative to Board of Directors.
- VII. Increase student activity within CAPA.
- VIII. Assist Board of Directors, staff and all committees of CAPA with any matters that involve students.

## **Policy 503.09; Investment Committee Policy**

**Draft Adopted:** December 11, 2000

**Date Finalized:** March 11, 2000

**Dates Revised:** June 25, 2004 - Updated to reflect current investment strategy

**Proponent:** Board of Directors

**Purpose:** To establish guidelines for the management of CAPA's Cash Reserves to achieve the primary goal of ensuring the future financial needs of CAPA.

### **Reference:**

CAPA Mission Statement

The mission of the California Academy of Physician Assistants is to represent and serve PAs statewide. As an advocate of its members for quality health care and for their valued, unique alliance with supervising physicians, CAPA will enhance, educate, and empower the PA profession for the ultimate benefit of our patients.

### **Objective:**

The investment objective of all CAPA's Investment Accounts is to maximize total return (interest, dividends and capital gains) on principal while, at the same time, attaining a prudent and responsible balance among such factors as safety of principal, liquidity, and yield, depending upon the objectives of each individual account.

### **Policy:**

1. The Investment Committee will be comprised of the President, President Elect, Immediate Past President, Vice President and the Treasurer. The Committee will appoint a Chair.
2. The Chair of the Investment Committee along with the COO shall be responsible for the implementation of this policy and oversight of all investments.
3. The Chair of the Investment Committee and the COO shall be responsible for executing these policies and submitting statements to CAPA's accountants so they may prepare financial reports for the CAPA Board of Directors no less than monthly.
4. The Chair of the Investment Committee along with the COO will secure the services of a registered investment advisor to assist with the management of CAPA investments.
5. CAPA's accountants shall prepare financial reports on a monthly basis. The Treasurer shall include in their report, review of the investment portfolio to the Board of Directors at each scheduled board meeting.
6. An Investment Policy Statement (IPS) is to be drafted and approved by the investment committee for each individual CAPA account.
7. The CAPA Budget Committee shall review this policy annually.

All investment accounts will adhere to the following guidelines:

- No more than 5% of the portfolio assets are to be held in any one individual stock
- No more than 15% of the portfolio assets are to be held in any fund, with the exception of money market funds.

- Equity exposure is to be limited to no more than 45% of entire portfolio.

### **Fixed-income Investments**

The objective of these *investments* is to provide a pool of fixed income assets whose interest and dividends could be used to meet the current needs of CAPA as described in portfolio IPS.

#### **Guidelines:**

CAPA's COO, in consultation with the Chair of the Investment Committee, shall be authorized to invest in the following instruments:

- federally insured certificates of deposits
- money market funds
- repurchase agreements
- United States Government obligations or obligation of a US government agency
- Corporate debt obligations (bonds and commercial paper) and preferred stock of investment grade rating by Standard and Poors and Moody's
- other instruments with the authorization of CAPA's Board of Directors

### ***Equity Investments***

The objective of these *investments* (i.e. mutual funds, common stocks) is to ensure real growth of net assets to meet current and future goals and objectives of CAPA as described in portfolio IPS.

#### **Guidelines:**

CAPA's COO, in consultation with the Chair of the Investment Committee, shall be authorized to invest in the following:

- Highly rated stocks of established companies that have been in business for at least five (5) years, with a minimum market capitalization of \$500 million
- Other investments with the authorization of CAPA's Board of Directors

### **Cash Reserves**

Cash reserves are those funds that have been accumulated over the life of CAPA and represent a portion of the overall net worth of the organization.

#### **Characteristics**

Cash reserves will be invested in a well-diversified portfolio of fixed income and equity investments.

#### **Cash Reserves**

Cash reserves are those funds that have been accumulated over the life of CAPA and represent a portion of the overall net worth of the organization.

#### **Characteristics**

Cash reserves will be invested in a well-diversified portfolio of fixed income and growth investments. The purpose of these investments is to preserve capital to meet future financial needs of CAPA. Because part of the purpose of these investments is to have resources available to meet unexpected needs of CAPA, some investments must remain liquid to meet these possible demands.

## **Policy 503.10; PA Program Relations Committee Job Description**

**Draft Adopted:** June 27, 2008

**Date Finalized:** July 1, 2010

**Dates Revised:**

**Proponent:** Board of Directors

**Purpose:** To establish committee charges and job description.

**Reference:** CAPA Constitution and Bylaws

### **PA Program Relations Committee**

- I. The PA Program Relations Committee shall write one article for each issue of the *CAPA News*.
- II. Develop and maintain a method of regular communication between CAPA and PA Program Directors and PA Program faculty.
- III. Increase CAPA membership among PA faculty.
- IV. Hold regular meetings with PA Program faculty at CAPA conferences.
- V. Identify PA Program needs that can be met by CAPA.
- VI. Conduct PA Program faculty development activities regarding CAPA resources for students, recent graduates and faculty.
- VII. Develop a method of recognizing PA Program faculty at the conferences.
- VIII. Profile PA Program faculty and program projects and/or functions via the *CAPA News*.

## **Policy 503.11; Budget Committee**

**Draft Adopted:** June 27, 2008

**Date Finalized:** July 1, 2010

**Dates Revised:**

**Proponent:** Board of Directors

**Purpose:** To establish committee charges and job description.

**Reference:**

The Budget Committee will be chaired by the Treasurer. Members of the Budget Committee will be the President, President Elect and COO. The President may appoint others to the Committee when appropriate.

The Budget Committee will meet no less than once each year to review and prepare the proposed budget. They will work closely with the COO to monitor and ensure that the CAPA budget is adhered to and that necessary adjustments are made along the way.