



AST State Assembly 2022 Annual State Reporting Form

Association of Surgical Technologists State Assembly
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DUE: January 31, 2023

REPORTING YEAR: January 1 – December 31, 2022

SUBMIT TO: send to your entire board for review before submission to AST at stateassembly@ast.org.

Interactive form, type do not print. - recommended to save the blank form first, complete report and save again. NOTE: To view and fill-in forms in PDF format, you may need to update your version of Adobe. Adobe offers this software free at www.adobe.com.

STATE ASSEMBLY NAME _____ **SUBMISSION DATE** _____

SUBMITTED BY _____ **TITLE** _____

1. List all 2022 Annual Business Meeting/Elections; Workshops Only; and Board of Directors Meetings.
If applicable, additional meetings held.

<p>ANNUAL MEETING WITH ELECTIONS – 2022</p> <p>Date: _____</p> <p>Location of meeting: _____</p> <p>Title of meeting: _____</p> <p>CE Credits Approved: _____</p>	<p><i>What were the Workshop Registration Fees? Indicate amount for all that apply:</i></p> <p>Preregistered Member Fee: _____</p> <p>Preregistered Student Fee: _____</p> <p>Preregistered Nonmember Fee: _____</p> <p>Preregistered Military Fee: _____</p> <p>Onsite Fee: _____</p>
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<p>WORKSHOP – 1</p> <p>Date: _____</p> <p>Location of meeting: _____</p> <p>Title of meeting: _____</p> <p>CE Credits Approved: _____</p>	<p><i>What were the Workshop Registration Fees? Indicate amount for all that apply:</i></p> <p>Preregistered Member Fee: _____</p> <p>Preregistered Student Fee: _____</p> <p>Preregistered Nonmember Fee: _____</p> <p>Preregistered Military Fee: _____</p> <p>Onsite Fee: _____</p>
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WORKSHOP – 2	<i>What were the Workshop Registration Fees? Indicate amount for all that apply:</i>
Date: _____	Preregistered Member Fee: _____
Location of meeting: _____	Preregistered Student Fee: _____
Title of meeting: _____	Preregistered Nonmember Fee: _____
CE Credits Approved: _____	Preregistered Military Fee: _____
	Onsite Fee: _____

WORKSHOP – 3	<i>What were the Workshop Registration Fees? Indicate amount for all that apply:</i>
Date: _____	Preregistered Member Fee: _____
Location of meeting: _____	Preregistered Student Fee: _____
Title of meeting: _____	Preregistered Nonmember Fee: _____
CE Credits Approved: _____	Preregistered Military Fee: _____
	Onsite Fee: _____

WORKSHOP – 4	<i>What were the Workshop Registration Fees? Indicate amount for all that apply:</i>
Date: _____	Preregistered Member Fee: _____
Location of meeting: _____	Preregistered Student Fee: _____
Title of meeting: _____	Preregistered Nonmember Fee: _____
CE Credits Approved: _____	Preregistered Military Fee: _____
	Onsite Fee: _____

BOARD OF DIRECTORS BUSINESS MEETING – 1 (The Board of Directors shall hold at least two meetings per year.)	
Date _____	Location of meeting _____
Title of meeting _____	How many Board members attended? _____

BOARD OF DIRECTORS BUSINESS MEETING – 2 (The Board of Directors shall hold at least two meetings per year.)	
Date _____	Location of meeting _____
Title of meeting _____	How many Board members attended? _____

OTHER – 1 (Under Location of Meeting; indicate in person, by phone, email, mail, or specify other.)

Date _____ Location of meeting _____

Title of meeting _____

Indicate Type of Meeting _____ Credits Offered? No Yes How many? _____

OTHER – 2 (Under Location of Meeting; indicate in person, by phone, email, mail, or specify other.)

Date _____ Location of meeting _____

Title of meeting _____

Indicate Type of Meeting _____ Credits Offered? No Yes How many? _____

2. How do you communicate to your members? Check all that apply—minumum requirement is one per year

Telephone Email Mail AST Journal Other

– Newsletter published and distributed? No Yes (dates: _____)

– Website updated? No Yes (dates: _____)

– Current Officers and Board of Directors? No Yes

– Current Bylaws posted? No Yes

– Use Social Networking? No Yes (indicate which: _____)

– Network with other state assemblies? No Yes (indicate which states: _____)

3. Describe your state’s public relations and/or marketing efforts for advertising events.

Check all that apply

– Students No Yes

– Instructors No Yes

– The general public No Yes

– New/Prospective Members No Yes

– Did your state receive media coverage (newspaper, radio, TV, etc)? No Yes

– Indicate what type of media: _____

4. Was an annual financial review (audit) performed?

No Yes Date Performed: _____

Was a financial review (audit) performed following the completion of term or resignation of the Treasurer?

No Yes Date Performed: _____

Within ten days following the completion of a term or a resignation, the respective officer shall transmit to the successor all State Assembly records and property of that officer.

The 2022 annual financial review (audit) was performed by whom? Indicate if past or current BOD

Must be at least two auditors, *Board or State Assembly members other than the current signers on the account.*

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

5. Who are the current signers on your state’s bank account?

Must be at least two signers on the account that are current board members. *Non-board members cannot be signers.*

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

6. State have a Strategic Plan (long term goals) in place?

No Yes Date last time revised: _____

7. Delegates sent to AST 2022 National Surgical Technology Conference in New Orleans Louisiana?

No Yes How many? _____

Were the delegates elected by the general membership?

No Yes If no how were the delegates elected? _____

Delegate Stipend Paid?

No Yes Total amount paid _____ Number of Delegates _____

Delegate AST Conference Registration Paid?

No Yes Total amount paid _____ Number of Delegates _____

Delegate Travel Expenses Paid? Airfare, hotel, transportation, etc.

No Yes Total amount paid _____ Number of Delegates _____

8. Committees — list members serving on the committees indicated below.

BOARD STANDING COMMITTEES

Who are the committee members of your Budget and Finance Committee?

(The committee shall be comprised of the Treasurer and appointed committee members.)

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Who are the committee members of your Policy and Procedure Committee?

(The committee shall consist of three members from the state’s Board of Directors and the Chairperson of Bylaws, Resolutions, and Parliamentary Procedures committee. Committee members are appointed annually by the President to obtain workable policies and procedures for their state assembly.)

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

STANDING COMMITTEES *If applicable—none leave blank*

Who are the committee members of your Bylaws, Resolutions, and Parliamentary Procedure Committee?

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Who are the committee members of your Education and Professional Standards Committee?

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Who are the committee members of your Government and Public Affairs Committee?

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Other committees of your state assembly?

Name of committee _____

Who are the members of the committee?

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Other committees of your state assembly?

Name of committee _____

Who are the members of the committee?

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Other committees of your state assembly?

Name of committee _____

Who are the members of the committee?

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

9. Who manages your state's website?

Who keeps website up-to-date? Name _____

What is your state's URL? Name _____

10. Does your state have a policy & procedure manual on the state level?

No, month and year to implement? _____

Yes, month and year last update? _____

11. Describe any other activities your state has been involved in throughout 2022

Surgical Tech Week, Community Outreach, Legislation, Visit students/schools, etc.

Empty box for reporting activities.



Failure to submit this report by **January 31, 2022** will affect conditions of your state's agreement including the collection and distribution of state assembly dues.