



U.S. PUBLIC HEALTH SERVICE Nursing Professional Advisory Committee



Welcome to the N-PAC. As a new voting member, you are now part of an elite group of leaders that advise the Office of the USPHS Chief Nurse and act as the administrative arm for nursing and USPHS initiatives, projects, policies and proposals. Below is a check list that you should complete in the first two months of your voting membership tenure to assist with your integration into the N-PAC.

- _____ Contact the N-PAC Chair to set up/complete a 1:1 meeting via the phone

- _____ Contact the N-PAC Executive Secretary to ensure the secretary has your email address and phone number for correspondence

- _____ Review NPAC Charter and NPAC By-Laws

- _____ Select an alternate (Nurse) who can attend N-PAC monthly general meetings and business meetings should you not be able to attend—the expectation is that you are represented at 100% of the meetings, either in person or via your alternate.

- _____ Submit Alternate Selection Form to NPAC Exec Secretary at beginning of term or if any new alternate is selected.

- _____ Connect with current OP DIV N-PAC voting member from Prior Term and learn how they communicate and represent the nurses in the OP DIV and how you can continue and further advance in these efforts (via phone or in-person)

- _____ Obtain a report of the N-PAC yearly reporting schedule, you will provide updates on how you are keeping your constituents updated on N-PAC activities- in accordance with the schedule. You may be asked to provide written reports to NPAC Chair or Executive Secretary as requested.

- _____ Ensure you upload your voting member appointment letter to your eOPF.

- _____ You will be responsible to mentor newly appointed OPDIV voting member during your term and conclusion of your term (Hand-Off is required)

When the above list is completed, please sign and date the form and submit it to the N-PAC Executive Secretary.

Voting member name: _____

Voting member signature: _____

Date: _____

OP DIV: _____

Business Address: _____

Business Phone: _____

Email: _____

Term: _____