**AMERICAN ACADEMY OF CLINICAL TOXICOLOGY**

**Board of Trustees**

***Orientation, Policies & Procedures***

***Handbook - 2010***

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***\*\*\*This section is under revision by the Board of Trustees and has been temporarily removed***

**MISSION STATEMENT**

The American Academy of Clinical Toxicology (AACT) was established in 1968 as a not-for-profit multi-disciplinary organization uniting scientists and clinicians in the advancement of research, education, prevention and treatment of diseases caused by chemicals, drugs and toxins.

**American Academy of Clinical Toxicology**

**PROFILE**

**Organization**

The American Academy of Clinical Toxicology (AACT) is an international organization of interested professionals. AACT’s vision is to be a world leader for excellence in clinical toxicology; education, research, quality of patient care and prevention. Through professional education and advocacy activities the AACT provides a forum to support and promote its members in their public and clinical health missions to provide expertise in clinical toxicology matters and to reduce the morbidity and mortality from poisoning. Through the American Board of Applied Toxicology (ABAT), its other training activities, and its publication of clinical guidelines and position statements, AACT sets voluntary standards for the practice of clinical toxicology throughout the nation and the world.

AACT’s values include leadership by fostering open communications to create plans for success and facilitate change. Through service, AACT commits to exceeding member expectations and to providing advocacy through a collective voice for promotion of professional competence and improved patient outcomes. AACT operates on its value of integrity, to demonstrate respect, professionalism and ethical conduct at all times.

Located in Hershey, PA, the AACT has a part-time AACT staff and an annual budget of approximately $350,000. Membership includes more than 700 professionals located in 50 states, the District of Columbia, Puerto Rico, and 10 countries, as well as associated institutions.

AACT has had significant impact considering the size and relative youth of the organization. It sponsors a range of activities to support its members and foster quality research to reduce nationwide poisonings. The following highlights some of these activities:

* Through partnerships, advocacy, as well as external sources of funding, AACT promotes the awareness of clinical toxicology. The Academy seeks sources of funding and supports efforts of individual projects.
* AACT promotes a variety of training services to emergency responders and health care professionals.
* To assist members in providing quality clinical toxicology services to achieve optimal patient outcomes, AACT maintains and updates standards and coordinates certification of professionals in applied toxicology.
* By regularly assessing member and public educational needs, AACT provides quality programs and encourages and supports the educational activities of its members. Through special programs it supports research efforts to identify poison-related hazards, prevent poisoning and to identify and educate underserved populations.
* Through its educational opportunities AACT optimizes its role in clinical toxicology, patient care and poison prevention.
* Through its sponsorship of the Journal, *Clinical Toxicology (Phil)*, the AACT supports scientific inquiry and scholarly activity in toxicology, in alliance with the European Association of Poison Centres and Clinical Toxicologists (EAPCCT) and the American Association of Poison Control Centers (AAPCC).
* AACT holds an annual meeting, the North American Congress of Clinical Toxicology, with its partner, AAPCC. This international meeting includes scientific presentations and business and committee meetings.
* The Academy’s newsletter, AACTion, is published six times a year. Research fellowships and recognition awards to individuals who have made significant contributions to clinical toxicology are awarded each year.
* The AACT’s Internet-based website has information on the organization’s mission, history, membership, position statements, contacts and links, upcoming toxicology meetings, NACCT information, and a members-only section.
* AACT enjoys a strong commitment from its volunteer leaders. Elected by the membership, the Board of Trustees establishes policy and is responsible for providing strategic oversight for AACT. The Board consists of 5 officers (president, president elect, past president, secretary, and treasurer), 10 members, and 2 ex-officio members (co-chairs of the education committee).

For additional information about the organization, visit their website at [www.clintox.org](http://www.clintox.org).

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### AACT: A 40 YEAR HISTORY

**Mark Thoman, AACT Historian/Archivist**
AACTion – December, 2008

**If one seeks out the American Academy of Toxicology on the internet you will find the following “Historical Perspective.”**
“The AACT was founded in 1968 by a group of physicians and scientists with the specific goal of advancing the diagnosis and treatment of poisonings. The mission of the AACT was to unite scientists and clinicians whose research, clinical and academic experience focused on clinical toxicology and to encourage the development of safe, effective therapies and technologies for the treatment of human and animal poisoning.In 1974, the AACT established the American Board of Medical Toxicology (ABMT) to certify physicians in the specialty of clinical toxicology. This subspecialty was recognized by the American Board of Medical Specialties in 1992. In 1985, a second certifying board, the American Board of Applied Toxicology (ABAT) was established for non-physician peer recognition.

Today, the AACT is an international organization whose membership is comprised of clinical and research toxicologists, physicians, veterinarians, nurses, pharmacists, analytical chemists, industrial hygienists, poison information center specialists, and allied professionals.

The AACT, affiliated with many professional organizations, holds annual meetings in conjunction with both the American and Canadian Associations of Poison Control Centers and the American College of Medical Toxicology. It was a charter member of the World Federation of Associations of Clinical Toxicology Centers and Poison Control Centers sponsored by the World Health Organization. The Academy supports the efforts of other toxicology organizations worldwide.”

What this doesn’t reflect are the details of the evolution and growth of this prestigious and well established organization. The Academy was the brainchild of Eric Comstock, a Texas physician, who because of a specific incident had the idea and impetus to start an organization specifically related to matters of human poisoning.

The early years of the Academy were a combination of skill, luck and fortitude as well as a substantial dose of serendipity. In the early 1960’s with the passage of the Hazardous Substances Labeling Act there was an immediate need for an experimental toxicology lab and it was Eric Comstock who developed such a lab in response to the Act’s requirements.

Very little was available in the way of overdose information and in some cases, the manufacturer’s package insert was unreliable and often inconsistent. For example, one company’s recommended treatment for a specific drug overdose was contrary to the same drug manufactured by a different company, and in some cases even contraindicated!

Therefore, with a dearth of useful information, Eric’s interest in toxicology grew as his evolving expertise increased. Since most serious poisonings were self-inflicted and virtually no physician felt comfortable treating these patients, a quick referral to someone more adept at toxic situations put Comstock in demand. He made himself available to ER’s and hospitals in the Houston area giving information as well as reassurance to the non-toxicologically trained physician confronted with a poisoned patient.  Overtime, he was spending more time in the hospital than in his lab. On rounds he carried a special bag he created to do on the spot analysis. Ethanol and carbon monoxide, for example would take about an hour to confirm by a miniature diffusion procedure, whereas thin layer chromatography, or TLC was done on microscope slides which would take 10 to 15 minutes per test. There were other unusually bazaar diagnostic tests such as the live beetle test where a few drops of lavage fluid containing a commonly used insecticide was put into a test tube with live beetles. If the beetles died in an hour or less the test would be considered positive. Since there were virtually no ICU’s and surgical recovery rooms staffed after hours, a call to Comstock necessitated a visit to the hospital for stabilization. It often became necessary for him to stay with the patient from a few hours to several days depending on the clinical situation. An example of this was a child Eric described in “Roots and Circles in Medical Toxicology: A Personal Reminiscence” (Clinical Toxicology, 36(5), 401-407, 1998).  A pediatric patient with severe salicylate overdose required 28 consecutive hours of personal attendance until the patient was over the crisis. He also notes the insurance company paid $15 for a “hospital visit.”

A definitive case for Eric occurred in 1966, when he was called to participate in the care of a 2 year old admitted with an organophosphate poisoning and was being treated by an anesthesiologist in the pediatric surgical recovery room.  Pralidoxime and atropine were administered to the patient without clinical improvement. A call to the CDC led to the referral of Comstock to Griffith Quinby of Wenatchee, Washington. Dr. Quinby had extensive experience treating OP poisoning and this piqued Eric’s interest that a network of physicians seemed the logical way to best treat the complex issue of a poisoned patient.

In 1967, during an AAPCC meeting, new players entered the team. For his pesticide interest and expertise, Quinby was a logical choice. Daniel Teitelbaum, an internist with a background in occupational medicine and analytical toxicology was added to the team along with Jock Greame, who was the adverse reaction officer for Ciba Pharmaceuticals.  Founder and editor of the new Clinical Toxicology Journal, Richard “Toby” Rappolt, rounded out the initial members of the team. This nucleus of physicians each with a different approach to medical toxicology made up the founding body of the AACT. Eric was appointed secretary treasurer of the group who, in turn placed letters and announcements in various medical publications describing the new group and inviting interested physician applicants.

In June of 1968 the “team” met to formulate a constitution and by-laws.  On October 22, 1968, in conjunction with and following the AAPCC’s post American Academy of Pediatrics Fall meeting in Chicago, the first AACT organizational meeting was held. Since there were a number of pediatricians attending the AAPCC, it was thought many would stay the additional day to attend the potential birth of a new organization geared primarily for the physician. The night prior to the meeting the AAP president strongly urged Comstock from pursuing the new organization. He was told that if they joined the AAPCC he would, in turn, promote and facilitate their activity in the AAPCC. He went on to say that the new organization would be discredited if organized separately. According to Eric in his Clinical Toxicology Reminiscence, “The ensuing schism persisted for a number of years.”

On October 22, 1968, 52 of 87 (members of AAPCC) attended the organizational meeting. As one who was there I recall the tremendous enthusiasm many of us had who were doing the best we could with what we had in running our Poison Centers.

The 1968 AAPCC meeting agenda below included a number of the AACT founders.

Sunday, October 20, 1968

**11:30 am**

* Business Meeting: Irving Sunshine, President, AAPCC

**1:00 pm**

* Address to the Association: “Environmental Safety: The Challenges to Poison Control Centers” James L. Goddard, MD, Commissioner, FDA
* Symposium: Communication, Roger Meyer, MD, Chairman

**2:30 pm**

* Communications Systems Analysis in Environmental Safety,
* James L. Goddard, MD; Henry Kissman, MD, Director,
* Science Information Facility, FDA; Charles Rice, National Library of Medicine

**3:45 pm**

* Poison Information, Storage and Retrieval, Sumner Yaffe, MD;
* David Burkholder, PhD; John Levchuk, MS, Schools of Medicine and Pharmacy,
* University of New York at Buffalo and Poison Control Center,
* Children’s Hospital, Buffalo, New York

**4:30 pm**

* Discussion Panel:  Merritt B. Low, MD, Chairman, AAP Committee on Accident
* Prevention; Alan B. Coleman, MD, Chairman, Sub-committee on Accident
* Prevention; Paul F. Wehrle, MD, Chairman, AAP Committee on
* Environmental     Hazards; Harry Shirkey, MD, Director, Poison Control Center, Children’s Hospital, Biringham, Alabama.

Monday, October 21, 1968
**9:30 am**   Scientific Session
**1:00 pm**

* Programmed Learning and Other Techniques of Professional Education: Eric Comstock, MD, Clinical Toxicology, Houston, TX;
* Howard Mofenson, MD,
* Director, Poison Control Center, Meadowbrook Hospital, East Meadow,  NY;
Dialysis for Toxins: John Maher, MD, Director, Renal Clinic, Georgetown
* University Hospital, Washington, DC;Rueben Meyer, MD, Professor of
* Pediatrics, Children’s Hospital, Detroit, Michigan
        Hallucinogenic Drugs: Allan Done, MD, Associate Professor of Pediatrics,
* Children’s Hospital, Detroit, Michigan; David Smith, MD, Medical Director,
* Haight-Ashbury Clinic, San Francisco, California; Robert W. Deisher, MD,
* Chairman, AAP Committee on Youth; Richard T. Rappolt, Sr., MD, Clinical
* Toxicology, San Francisco, CA
        Pesticide Toxicity: Jay Arena, MD, Director, Poison Control Center, Duke
* Hospital Medical Center, Durham, North Carolina; Griffith Quinby, MD,
* Director, Community Pesticide Study Project, Wenatchee, WA
        What every Poison Center Should Know about Potentially Toxic Plants: John M.
* Kingsbury, PhD, Associate Professor of Botany and Lecturer in Phytotoxicity,
* Cornell University, Ithaca, New York; Henry Verhulst, Director, National
* Clearinghouse for Poison Control Center, Washington, DC

I recall this first meeting in the Palmer House was held in a stark plain room lite solely by the light from the windows. It was a casual and informal meeting but the interest and enthusiasm was infectious. To have an organization specifically for those of us who diagnose and treat the poisoned patient was heartening. The stark unpretentious facilities on that day seemed strange until later when I found the AAP may have had a hand in the less than ideal facilities.

Besides the founders giving various facets of their own thoughts on the organization there were a number of others who spoke such as AMA Drug Evaluation Section spokesman,  Dr. Bradford Craver.  Also, Dr. P. F. R. deCaires, from Parke-Davis discussed the drug industry’s need for clinical data on adverse and overdose experiences. Dr. Lee Miller, from Proctor and Gamble spoke on the industrial aspects of occupational chemical hazards. During the afternoon business session, the first AACT officers were elected: Eric Comstock, president, Griffith Quinby, Vice President and Daniel Teitelbaum as Secretary Treasurer. Incorporation of the Academy came about with the help of Dr. John Pepper, of Hoffman-La Roche who persuaded his corporate legal colleagues to handle the incorporation of AACT as a New Jersey entity which was later granted tax exempt 503(c) status.

By December 31, 1968, there were 128 charter members listed below:

Frank Aldrich, MD, PhD
C.H. Allen, MD
Herbert Anderson, Jr., MS
John D. Archer, MD
Daniel Azarnoff, MD
Paul F. Baranco, MD
Eleanor Berman, PhD
Paul W. Boyles, MD
Rowine E. Brown, MD, JD
Peter Capurro, MD
Louis J. Cella, Jr., MD
Paul J. Christenson, MD
P.J. Clancy, MD
Walter H. Comer, MD
Eric G. Comstock, MD
Avery L. Cook, MD
Bradford Craver, MD, PhD
P.F.R. deCaires, MD
Allen J. Dennis, Jr., MD
Norman De Nosaquo, MD
C.H. Denser, Jr., MD
Raoul Desjardins, MD
O. Bruce Dickerson, MD
Dwight Dill, MD
Charles J. Dunn, Jr., MD
Richard W. Dyke, MD
R. Eklund, MD
Herman Ellenberger, PhD
Matthew Ellenhorn, MD
Park Espenschade, Jr., MD
Carl Essig, MD
Myron A. Fisher, MD
Arthur D. Flanagan, MD
Edgar M. Flint, MD
John M. Fong, MD
Richard Fraser, MD
Christopher Frings, PhD
Mary S. Furth, MD
Vincent Gagliardi, MD
Solomon Garb, MD
John Garrett, MD
Sander Garrie, MD
Jock Graeme, MD
Vernon Green, MD
Gerald Gunson, MD
Charles P. Haseltine, MD
Ray E. Helfer, MD
John B. Henry, MD
Elizabeth Hillman, MD
F.G. Hirsch, MD
L. Hobson, MD, PhD
Robert C. Hoppe, MD
R.P. Hudson, MD
Philip Huffman, MD
Glen D. Journeay, MD
K.K. Kimura, MD, PhD
G.F. Kiplinger, MD, PhD
Kinya Kuriyama, MD
Robert F. Lash, MD
James Lawson, MD
Theodore Lefton, MD
E. Leonhardt, MD
Dean LeSher, MD, PhD
J.S. London, MD
O.J. Lorenzetti, PhD
Frank J. Lyman, MD
W. McCarthy, MD
Richard McCormick, MD
Allan McNie, MD
L. Massey, MD
Henry Matthew, MD
Jacqueline Mauro, MD
Hassan Mehbod, MD
G.B. Meyers, MD
Lee H. Miller, MD
F.C. Minkler, MD
John B. Mitchell, MD
Howard Mofenson, MD
Moses Muzquiz, MD
D. Nelson, DVM, PhD
Richard O’Dillon, MD
F.W. Oehme, DVM, PhD
Ronald Okun, MD
John Palese, MD
Rafael Penalver, MD
John J. Pepper, MD
E. Plunkett, MD
Rothwell Polk, MD
Griffith Quinby, MD
R. Radeleff, DVM
Irene Raisfeld, MD
Theron Randolph, MD
Richard Rappolt, Sr., MD
William J. Rees, MD
Marcus Reidenberg, MD
Earl T. Rose, MD
Robert Rowan, MD
James L. Salomon, MD
Monroe Samuels, MD
James Schmidt, MD, PhD
J.C. Schoolar, MD, PhD
Raymond Seidel, MD
S. Franklin Sher, MD
John E. Silson, MD
Dennis M. Slone, MD
David E. Smith, MD
J.T. Sobota, MD
Jacob Sokol, MD
A.A. Stein, MD
Robert J. Stein, MD
Aldolf Stern, MD
A.L. Strasser, MD
F.W. Sunderman, Jr., MD
Raymond Suskind, MD
Wilmier Talbert, MD
Daniel T. Teitelbaum, MD
Mark Thoman, MD
J.S. Tobin, MD
Paul F. Tumlin, MD
Thomas W. Tusing, MD
Julian Vilareal, MD
James Weaver, PhD
Sidney Weinberg, MD
Harry Weisberg, MD
F.W. Wilson, MD
Charles Winek, PhD
George Wise, MD
Peter Wolkonsky, MD

The first few years were challenging with a concerted effort to describe the organization in the medical literature. The 1969 meeting, again in Chicago, had as its objectives, GI decontamination and sequestration.  Featured speakers included Dr. Henry Mathew of Edinburgh and Dr. Emilio Astolfi of Buenos Aires. At the business session during this meeting, the Board established the position of Executive Director which was filled by Eric Comstock with Quinby taking over as president. Though the AACT did not have the funds to support Eric’s position, his faculty appointment at the University of Texas School of Public Health and later the Department of Community Medicine partially funded his activities. By 1969, the AACT membership had reached 200 with 87% physicians and 13% non-physicians. The early years were hand to mouth. In fact, Secretary-Treasurer Dr. Frank Aldrich, colorfully described those early years in his “Looking Back” (Clinical Toxicology, 36(5),399-400) as “…an operating floating crap game until it finally found a home in Pennsylvania.” Early financing was derived from dues, training programs, annual meetings, industry and $118,000 grant from the Bureau of Narcotics and Dangerous Drugs to develop a nationwide Drug Abuse Early Warning, known today as Project DAWN.

In 1972, at the Aspen meeting, the Academy faced a major crisis. The Board was concerned with the slow rate of growth of the membership and concluded that the criteria should be expanded to include full membership to non-physicians. Though this made the non-physician welcomed and accepted, some physicians left the Academy since, it was felt, that this “dilution” effect would significantly jeopardize the chance for developing a specialty board for physicians practicing medical toxicology. Comstock resigned as Executive Director turning over the Academy affairs to the officers.

In 1974, the Academy created a subsection of AACT, the American Board of Medical Toxicology, under the president, Dr. Ron Okun.  The following is a list of the first examiners appointed to the ad hoc committee:

Daniel Teitelbaum, M.D., Chairman
Frederick Lovejoy, Jr., M.D.
Albert Nantel, M.D.
John Ott, M.D.
William Robertson, M.D.
Mark Thoman, M.D.
Anthony Temple, M.D.

The first examination was given the following year at the annual meeting in Kansas City. The diplomats of this and subsequent exams formed the basis for the new ABMT Board of Examiners. The ABMT became a legal independent entity incorporated in Massachusetts. ABMT, however, continued a close relationship its parent Academy.

The Academy continued to grow over the ensuing years, necessitating communication in several phases.  The Clinical Toxicology Newsletter was published in the early 1970s in Houston by Eric Comstock.  In 1975 the AACT created AACTion which continued as an independent publication until incorporated into Veterinary and Human Toxicology under the able guidance of V and H editor and veterinarian Fred Oehme in Manhattan, KS.  AACTion in 1990s took several different forms with the evolution of internet communication and ultimately V and H Tox unfortunately ceased publication.
AACT ANNUAL MEETING LOCATIONS
The annual meetings, over the past 4 decades, were in places from the metropolitan to the exotic and are listed as follows:

1968        Chicago (organizational meeting)
1969        Chicago, IL
1970        San Francisco, CA
1971        Philadelphia, PA
1972        Snowmass, CO
1973        San Diego, CA
1974        Montreal, Quebec, Canada
1975        Kansas City, MO
1976        Seattle, WA
1977        Le Chanteclair, Quebec, Canada
1978        Chicago, IL
1979        New Orleans, LA
1980        Minneapolis, MN
1981        Salt Lake City, UT
1982         Snowmass, CO
1983        Boston, MA
1984        San Diego, CA
1985        Kansas City, MO
1986        Santa Fe, NM
1987        Vancouver, BC, Canada
1988        Baltimore, MD
1989        Atlanta, GA
1990        Tucson, AZ
1991        Toronto, Canada
1992        Tampa, FL
1993        New York, NY
1994        Salt Lake City, UT
1995        Rochester, NY
1996        Portland, OR
1997        Saint Louis, MO
1998        Orlando, FL
1999        La Jolla, CA
2000        Tucson, AZ
2001        Montreal, Quebec, Canada
2002        Palm Springs, CA
2003        Chicago, IL
2004        Seattle, WA
2005        Orlando, FL
2006        San Francisco, CA
2007        New Orleans, LA
2008        Toronto, Canada

AACT PRESIDENTS
Academy Presidents ranged from M.D.’s Pharm. D.s and DVM’s signifying the wide range of Academy professional inclusions. The presidents since 1968 are listed as follows:

1968-70    Eric Comstock, MD
1970-72    Griffith E. Quinby, MD
1972-74    Clinton Thienes, MD
1974-76    Ronald Okun, MD
1976-78    Jack Ott, MD
1978-80    Fred W. Oehme, DVM, PhD
1980-82    Franklin Aldrich, MD, PhD
1982-84    Mark Thoman, MD
1984-86    Helmut Redetzki, MD
1986-88    Frederick Lovejoy, Jr., MD
1988-90    Donald Kunkel, MD, JD
1990-92    Michael McGuigan, MD
1992-94    Wayne Snodgrass, MD
1994-96    William Banner, MD, PhD
1996-98    Edward Krenzelok, Pharm D
1998-2000    Jeffrey Brent, MD, PhD
2000-02    Milton Tennenbein, MD
2002-04    Donna Segar, MD
2004-06    Michael McGuigan, MD
2006-08    G. Randall Bond, MD
2008-10    Michael Greenberg, MD

In summary, the Academy had an interesting and stormy start. The PowerPoint presentation “HISTORY OF THE AACT: A 40 Year History” will hopefully offer a visual aspect to the broader summary of this now well respected and formidable professional organization. And finally, as I have poured over the many articles, minutes, publications, and photographs as well as lists of charter members and Academy presidents, there are many with whom I have been in awe. Though a number are now gone, including many former AACT presidents, each left an indelible impression on the international medical landscape in the field of medical toxicology. Today we enjoy the fruits of those early, often chaotic years. So, it is with great pride as I see the outstanding accomplishments of the Academy and I salute you!

**Bylaws of the American Academy of Clinical Toxicology, Inc.
Revisions Adopted by the Membership 5/28/08**

 **ARTICLE I—NAME, INCORPORATION**The name of this organization shall be the American Academy of Clinical Toxicology, Inc., (hereinafter referred to as the Academy.) The Academy is incorporated in the state of New Jersey.

**ARTICLE II—PURPOSE**The Academy shall be a nonprofit professional organization to foster interdisciplinary research, education, prevention and treatment of poisonings by chemicals, drugs and environmental substances in humans and animals. No part of the net earnings or the principal of this corporation shall inure to the benefit of any private shareholder or individual and no substantial part of the activities of such corporation, or of any recipient of its funds shall be used to carry on propaganda or otherwise attempt to influence legislation or to participate or intervene in any political campaign on behalf of any candidate for public office.

**ARTICLE III—MEMBERSHIP**1. Membership of the Academy shall be of four classes:

* 1. Individual Voting Members
	2. Emeritus Members
	3. Student Members
	4. Institutional Members

In addition, the honorary status of Fellow of the Academy may be conferred upon Individual Voting or Emeritus Members by the Board of Trustees.

2. Individual Voting Members are all individual members other than Emeritus or Student Members. They shall meet requirements and shall receive membership benefits as may be prescribed by the Board of Trustees. Any Individual Voting Member of the Academy shall be eligible to vote in elections and on any question put to the membership for a vote and to hold Office or Trusteeship.

3. Emeritus Members are individual members who have retired from the active practice of toxicology and are so approved by the Board. They shall meet requirements as deemed appropriate and shall receive membership benefits as may be prescribed by the Board of Trustees. Any Emeritus Member shall not be eligible to vote in elections nor on any question put to the membership for a vote, nor to hold Office or Trusteeship.

4. Student members are individual members in formal academic or clinical training programs. They shall meet such requirements and shall receive membership benefits as may be prescribed by the Board of Trustees. Any Student Member shall not be eligible to vote in elections nor on any question put to the membership for a vote, nor to hold Office or Trusteeship. After completion of the training, a student member becomes a Voting Member, subject to prevailing dues in the next fiscal year.

5. Institutional members are organizations including for-profit and not-for profit corporations, government agencies, and institutions. They shall meet requirements and receive such benefits as may be prescribed by the Board of Trustees. Any Institutional Member of the Academy shall be eligible to cast a single vote in elections and on any question put to the membership for a vote. Institutional Members may not hold Office or Trusteeship.

6. Fellows of the Academy are honored by elevated status conferred by the Board of Trustees in recognition of their significant contributions to the field of clinical toxicology and service to the Academy. To be eligible for consideration to Fellow status, the Individual Voting or Emeritus member shall meet such requirements as may be prescribed by the Board of Trustees.

**ARTICLE IV—OFFICERS & TRUSTEES**1. The Officers of the Academy shall be President, President-Elect, and Treasurer and Secretary. The Executive Committee shall consist of the Officers of the Academy and the immediate Past President. All Officers and the Past President are responsible to the Board of Trustees.

2. The Board of Trustees of the Academy shall consist of the Executive Committee and ten elected Board Members. The Chair of the Education Committee shall serve as an ex officio member of the Board.

3. Only Voting Members shall be eligible to serve on the Board of Trustees or as Officers. Only Voting Members shall have the right to vote for Officers and Trustees. Officers and Trustees of the Academy may not concurrently hold office or Trusteeship in other national organizations devoted to clinical toxicology or poison control without the approval of a majority of the Board of Trustees.

4. Board of Trustees

* The President of the Academy shall be Chair of the Board. In the President’s absence, the President-Elect will serve as Chair for that session. In the absence of the President-Elect, the Board members in attendance shall elect a Chair for that session.
* Members of the Board of Trustees, other than the Officers, shall be elected for a three year term. Members of the Board of Trustees may be elected to no more than two consecutive three year terms. After serving two consecutive terms, an Individual Voting Member may become eligible for reelection to the Board of Trustees after at least a one-year hiatus from the Board.
* The Board of Trustees shall convene a meeting once a year at the time of the annual meeting of the Academy. Additional meetings may be called by the President or by petition of a majority of the Board to the Office of the Secretary.

**ARTICLE V—DUTIES OF OFFICERS and TRUSTEES**1. The President shall be the Chief Executive Officer of the Academy. The President’s term of office will be two years. The President shall:

* 1. preside over all meetings of the membership, of the Board of Trustees, and of the Executive Committee;
	2. perform such other duties from time to time as may be required by the Board of Trustees;
	3. have general powers to execute Bonds, Deeds and Contracts in the name of the Academy;
	4. appoint members of committees authorized by the Academy;
	5. have authority to require committee reports in person or in writing at meetings of the Board of Trustees;
	6. have power to appoint any additional committees deemed necessary to carry out the purposes and business of the Academy, in accordance with the Certificate of Incorporation and By-Laws and actions taken by the Academy.

2. For a two year term beginning immediately with the installation of a new President of the Academy, the former president shall assume the status of Immediate Past President and serve on the Executive committee.

3. The President-Elect shall serve in the office of President for the two-year term immediately following the two year term as President-Elect. The President-Elect shall be a member of both the Strategic Planning Committee and the Finance Committee.

4. The Treasurer shall serve a term of two years and be eligible for re-election for three consecutive terms only. The Treasurer shall:

* + receive all funds due to the Academy;
	+ disburse such sums as are necessary to meet lawful indebtedness incurred and authorized by vote of the Academy or by the Board;
	+ have authority to sign contracts and other instruments entered into by the Academy;
	+ be responsible on behalf of the Academy for all funds and securities of any type and deposit the same in the name of the Academy in such bank or banks as the Board may direct;
	+ be bonded at the discretion of the Board for an amount determined by the Board;
	+ invest and reinvest surplus funds, subject to the order and direction of the Board;
	+ be an *ex-officio* member of the Finance Committee;
	+ prepare a budget with the advice of the Finance Committee for each year’s activities for the approval of the Board;
	+ arrange to have the Academy’s accounts reviewed by certified public accountants at least every 2 years and with each change of Treasurer;
	+ render to the Academy annually an accurate account of all sums received and disbursed during the preceding fiscal year, of all sums and funds that are not expended, of the budget for the current fiscal year, and of the report of the review made of the Academy’s accounts;
	+ perform such other duties as are incident to the office or as may be properly required by actions of the Academy or of the Board at duly constituted meetings.

The Treasurer may execute certain administrative duties through a business office that is duly authorized by the Board of Trustees. The Treasurer retains responsibility for the proper conduct of such duties.

5. The Secretary shall serve a term of two years and be eligible for re-election for three consecutive terms only. The Secretary shall:

* + keep records of all duly noticed meetings of the Academy and of all Board meetings and make a report thereon;
	+ maintain records of business transactions of the Academy and Board meetings
	+ conduct and be responsible for the official correspondence and communication of the Academy and of the Board;
	+ maintain the Membership roster;
	+ have custody of all property of the Academy and hold the same subject to the order and direction of the Academy or of the Board;
	+ have authority to sign contracts and other instruments entered into by the Academy;
	+ perform such other duties as are incident to the office or as may be properly required by actions of the Academy or of the Board at duly constituted meetings.

The Secretary may execute certain administrative duties through a business office that is duly authorized by the Board of Trustees. The Secretary retains responsibility for the proper conduct of such duties.

6. Board of Trustees

* 1. The President of the Academy shall be Chair of the Board. In the President’s absence, the President-Elect will serve as Chair for that session. In the absence of the President-Elect, the Board members in attendance shall elect a Chair for that session.
	2. Members of the Board of Trustees, other than the Officers, shall be elected for a three year term. Members of the Board of Trustees may be elected to no more than two consecutive three year terms. After serving two consecutive terms, an Individual Voting Member may become eligible for reelection to the Board of Trustees after at least a one-year hiatus from the Board.
	3. The Board of Trustees shall convene a meeting once a year at the time of the annual meeting of the Academy. Additional meetings may be called by the President or by petition of a majority of the Board to the Office of the Secretary-Treasurer.
	4. A majority of the members of the Board shall constitute a quorum. The Executive Committee shall have the power to act in lieu of the full Board of Trustees between meetings. Such actions will require a majority vote of the Executive Committee and be subject to review by the Board at its next meeting.
	5. The Board shall have power to make and amend rules for its own procedures and shall keep records of such rules.
	6. The Board shall have power to authorize the expenditure of money for the conduct of its business, including the administration of philanthropic funds entrusted to the Academy in concert with its purpose.
	7. The Board shall adopt, before each fiscal year (1 January through 31 December), a budget for the operations of the Academy for the ensuing year.
	8. The Board is authorized to waive dues of individual Members under exceptional circumstances involving hardship.
	9. The Board of Trustees shall publish a summary of its proceedings and decisions. If one-third of the members of the Board of Trustees present so request, the minutes shall include a record of those Board members voting for and against a motion.
	10. The Board shall have power to confer with such other organizations as it deems fit in order to plan for cooperating committees or otherwise to develop relationships with organizations.
	11. The Board shall take all necessary steps to carry out any program determined by vote of the Academy and not otherwise provided for.

**ARTICLE VI—MEETING OF MEMBERS**1. The Annual Meeting of the Academy shall be held at the time and place designated by the Board of Trustees.

2. Special meetings of the general membership may be called by any member of the Executive Committee with the approval of a two-thirds majority of the Board or upon petition bearing the signatures of at least 30% of Voting Members. They shall call such a special meeting at a time and place that must be designated at least 30 days in advance.

3. The vote of the simple majority of Individual Voting Members present shall decide any question brought before such meeting unless the question is one upon which, by expressed provision of the statutes or the certificate of incorporation or of these By-Laws, a different vote is required, in which case such expressed provision shall govern and control the decision of such question.

4. Virtual meetings may be called by any member of the Executive Committee with the approval of a two-thirds majority of the Board, whereby a question is put forth by mail or electronic means to the members of the Academy eligible to vote. In such case, the Board of Trustees must submit by mail or electronic means any question or action to the Voting Members of the Academy, including amendment of these By-Laws but not including any question or action required by law or by the certificate of incorporation to be taken at a physical meeting. Such submission shall be made by ballot sent to each Individual Voting Member, setting forth the action proposed, and in the case of election of Trustees or Officers, the names of the persons nominated. A deadline must be set by the Secretary for return of the ballot.

5. In the case of any proposed action, if a required majority of Individual Voting Members responding within any deadline set by the Secretary is in favor thereof; such action shall be considered as adopted by the Academy, as if adopted at any Annual Meeting of the Members.

6. When a two-thirds majority of the Board of Trustees has certified in writing to the Secretary that the holding of any Annual Meeting is inadvisable, such Annual Meeting shall not be held. In such case, the Board of Trustees may conduct a special or virtual meeting as outlined in Article VI Sections 2 and 4 above.

**ARTICLE VII—ELECTION OF OFFICERS & TRUSTEES**1. Prior to each Annual Meeting a nominating committee consisting of the Executive Committee and any other Members they so deem shall nominate one or more candidates for each of the offices or Board positions to be filled at the next election. The nominees will be presented to the Board of Trustees for approval. Additional nominations may be made from the floor during the Annual Meeting of the Academy.

2. The election for Officers and Trustees of the Academy shall be by secret ballot and may be conducted as a virtual meeting.

3. The Secretary shall distribute ballots for election of officers and trustees at least sixty days before the Annual Meeting.

4. Ballots shall be preserved for 30 days after the Annual Meeting. The Executive Committee shall oversee the integrity of the ballot.

5. In the event of a tie, the election will be decided by a majority vote of the Board of Trustees.

6. All Officers and Trustees of the Academy, regardless of the term for which elected, shall hold office until their successors are qualified and elected. Installation of newly elected Officers and Trustees and assumption of duties shall normally occur at the conclusion of the first Annual Meeting following their election.

**ARTICLE VIII—VACANCIES**1. If the Office of President is vacated, the President-Elect shall automatically and immediately assume the Office of President. The President-Elect in such circumstances will finish the term assumed due to vacancy of the office and will also fulfill the entire term for which he or she was elected.

2. If the Office of President-Elect is vacated, the Nominating Committee will prepare a slate of candidates which will be placed on the ballot at a special election of the Academy.

3. If the Office of Secretary or Treasurer is vacated, a majority of the Board of Trustees shall elect any of the Trustees to finish the term of office. The office will be filled for the succeeding term at the next general election of the Academy.

4. If a vacancy occurs in the Board of Trustees it shall be filled at the next general election of the Academy for the remainder of the term vacated.

**ARTICLE IX —COMMITTEES & SPECIALTY SECTIONS**1. Standing Committees of the Academy are: American Board of Applied Toxicology Committee, By-Laws Committee, Communications and Technology Committee, Education Committee, Executive Committee, Fellowship Committee, Finance Committee, Nominations Committee, North American Congress of Clinical Toxicology (NACCT) Committee, Membership Committee, Publications Committee, Research Awards Committee, and the Strategic Planning Committee. The composition and duties of the committees shall be enumerated in the policies and procedures of the Academy as determined by the Board of Trustees.

2. The President shall have the power to make and terminate appointments to the standing committees. Appointments are effective from the time of appointment until the close of the next general Meeting of the membership. All standing committees report directly to the President.

3. The President shall establish such ad hoc committees as he or she or the Board of Trustees deem necessary for the purpose of carrying out specific projects. The term of such committees is continuous until the function has been performed or until the committee is otherwise discharged by the President.

4. The Board of Trustees may designate Specialty Sections within the Academy based on the prevailing academic interests of the members.

5. The President shall have the power to appoint liaison committees or representatives for the purpose of establishing and maintaining rapport with other organizations.

6. Any statement or document reflecting a policy or position of the Academy must receive approval from the Board of Trustees prior to circulation or distribution.

**ARTICLE X—DUES**1. Payment of annual dues shall be required of all members of the Academy with the exception of those specifically exempted by the Board of Trustees. The amount of dues is to be set annually by the Board.

2. Any Member whose dues for the current fiscal year are unpaid and who has made no response to a second notice will be considered delinquent and will be dropped from membership on vote of the Board of Trustees at its next official meeting.

**ARTICLE XI—EXPULSION**A member may be expelled for such cause as the Board of Trustees may deem sufficient provided that a copy of the charge made against him/her shall be furnished to him/her in writing postmarked to the last known address by certified mail at least sixty (60) days before the meeting at which such action is taken. A reply from the member so duly notified or a request to appear before the Board must be received in writing by the Secretary within 30 days of the receipt of the certified mail. The Board may not expel a member without considering his/her rebuttal presented in writing or in person, if any. Failure to respond to the charges will be considered a waiver of the opportunity to respond. A three-fourths vote of all members of the Board of Trustees expressed in a meeting of the Board or in writing shall be required to expel a Member of the Academy.

**ARTICLE XII—AMENDMENTS**1. These By-Laws may be amended by a two-thirds vote of the active Members entitled to vote, present in person at any Annual Meeting of the Academy; notice of proposed amendment must be delivered by mail or electronic means to the members entitled to vote at least sixty (60) days before the date set for the meeting. By-Laws may be amended through a role conducted at a meeting or by a virtual meeting as outlined in Article VI, Section 4 above.

2. In most instances amendments to the Articles of Incorporation or By-Laws should be initiated by the By-Laws Committee; however, any amendment may be proposed by a written petition of 20% of the membership eligible to vote, which should be transmitted to the Secretary and a copy to the President at least 120 days before the meeting.

**ARTICLE XIII**Should any portion of these By-Laws become invalid through judicial or legislative action, the remainder of these By-Laws shall remain in effect.

**ARTICLE XIV—DISSOLUTION**In the event of the dissolution of the organization, after all debts have been fully satisfied, the assets of the organization shall be distributed to a not-for-profit (c) 3 corporation incorporated within the United States as the Board of Trustees may direct in keeping with the general purposes of this organization.

**Reviewed by BOT: 01/22/09**

**American Academy of Clinical Toxicology**

**Board of Trustees**

**Typical Performance Expectations of the Individual as a Board Member**

Congratulations on your interest in running for the Board of Trustees of the AACT! This is an important honor, and an acknowledgement of your experience, your commitment to clinical toxicology, and the high esteem in which you are held by your peers. Each Board member of our organization affirms the expectations outlined here and strives to perform accordingly. All Board members will be treated equally with regard to these expectations.

These expectations are clearly articulated prior to nominating any candidate as a Board member. We nominate the candidate only after he/she has agreed to fulfill these expectations.

1. Believe in, and be an active advocate and ambassador for, the mission and vision of the American Academy of Clinical Toxicology (AACT). Behave in accordance with the values of the organization.
2. Become educated in the details of the written policies and procedures of the AACT and be able to articulate them.
3. Act in a way to contribute to the effective operation of the Board of Trustees, including but not limited to:
* Focus on the good of the AACT, not a personal agenda.
* Follow and support Board decisions once these are made.
* Participate in appraisal of own performance and the performance of the Board and its committees.
* Follow and support the organization’s policies and procedures and support the Board’s ground rules for conducting business.
* Work with fellow Board members to assure that the Board functions efficiently and effectively.
1. Attend and participate in all Board meetings of the organization. [Adequate advanced notice for all meetings will be promulgated so that members can add meeting dates to their calendars with notice well in advance of meetings.] Prepare for these meetings by reviewing materials and bringing the materials to the meetings. Challenge assumptions and ask questions during meetings.
2. Keep informed about the AACT and its issues by reviewing and previewing materials, participating in discussion, and asking strategic questions.
3. Participate in the activities of the organization by attending programs.
4. Engage in responsible financial stewardship of the organization so as to preserve its future. Understand the budget in detail and ask questions to clarify any financial dealings.
5. Reach into diverse communities and help identify and cultivate relationships to support the organization as members, donors, volunteers and advocates (with the advice and consent of the Board).
6. Develop personal and professional contacts and expertise for the benefit of the organization.
7. Each member will be expected to serve as a committee or task force chair or committee member. The Board expects all of its members to serve as a liaison for at least one of the AACT’s special interest groups or standing committees. Be a prepared and active participant.
8. Inform the Board of Trustees of the organization of any potential conflicts of interest, whether real or perceived, and abide by the decision of the Board related to the situation.
9. Agree to step down from Board position if unable to fulfill these expectations.

Created: 09/08

Reviewed & Revised by BOT: 09/11/08

2nd Revision by BOT: 01/22/09

Approved: 01/24/09

**SPECIAL INTEREST GROUPS**

**INTRODUCTION**

This Policy and Procedure document is to help AACT members pursue a special interest/topic in an area of toxicology. Members of the SIG will become familiar with the missions and goals, obligations and benefits of membership in the SIG. The creation of a SIG is described in the AACT’s by-laws;

***BY-LAWS: ARTICLE IX —COMMITTEES & SPECIALTY SECTIONS***

*4. The Board of Trustees may designate Specialty Sections within the Academy based on the prevailing academic interests of the members.*

*5. The President shall have the power to appoint liaison committees or representatives for the purpose of establishing and maintaining rapport with other organizations.*

*6. Any statement or document reflecting a policy or position of the Academy must receive approval from the Board of Trustees prior to circulation or distribution.*

**RELATIONSHIP BETWEEN THE BOT AND SIG LEADERSHIP**

There will be one liaison Board of Trustee (BOT) member identified for each SIG of the AACT. Ordinarily this liaison will be the SIG member who is elected to the BOT. If a specific SIG has no member on the BOT, then a liaison will be designated by the President.

The liaison BOT member will be responsible for conveying new ideas for written guidance from the SIG to the BOT for consideration. Conversely the liaison will also convey a charge to the SIG when it has been tasked to fulfill a contract or other responsibility by the BOT.

If the BOT approves an idea for the creation of a paper or guidance or if the BOT has been tasked with an activity through undertaking an external contract or cooperative agreement, then it may assign completion of the task, with appropriate support, to the leadership of a designated AACT committee or SIG.

**FUNCTIONS OF THE SIG**

The SIG provides a forum for members with a special interest

* to gather and discuss a common subject or topic
* to share scientific expertise and information in toxicology topics
* to provide shared resources, news alerts and media information pertinent to the SIG
* to prepare as needed, any topic papers or position statements
* to review/update existing AACT position statements that are pertinent to the SIG
* to engage in service to the Academy
* to conduct member surveys for education and training needs, opinion feedback and communication, develop new ideas and programs
* to provide a conduit for communication exchange between the BOT and SIG members
* to provide networking opportunities to develop research ideas and career opportunities

**CONCEPT AND POSITION DEVELOPMENT**

Any member of the AACT can propose an idea for consideration by the BOT for creation of a topic review, position statement or other written guidance.

Any SIG member can propose an idea to be considered by the SIG leadership. Such proposed ideas may be included on the agenda of the individual SIG's annual business meeting at NACCT for consideration by the SIG membership.

Ideas or proposals may also be introduced at other times of the year by the convening of SIG members by the SIG leadership through the process of using email, list serve or teleconference.

The SIG’s leadership and internal process will determine whether an idea or proposal will be pursued and proposed to the AACT’s BOT, who will be assigned or appointed to carry out the task and responsibilities of the proposed idea or project, and the timeline for the completion of the project.

All activities and timelines are contingent on prior BOT approval of an idea or proposal.

**POTENTIAL FUNCTIONS OF WRITTEN PROPOSALS**

Written proposals may be used for the following purposes:

* To educate
* To advocate for policy changes
* To suggest reforms in clinical practice
* To propose areas for new research
* To take a knowledgeable position on one side of a controversy
* To summarize current knowledge
* To provide new data (through a meta-analysis of previous studies)

**COLLABORATION WITH OTHER ORGANIZATIONS**

Collaborative position papers or other guidance between the AACT and other outside agencies must first be endorsed by the AACT BOT and are contingent on prior communications and agreements for such joint pursuits between such agencies by their corresponding leadership representatives. For example, before a joint position statement by the EAPCCT and AACT is pursued by a SIG, the idea should have been discussed by leadership of both AACT and EAPCCT and approved by the board members of both AACT and EAPCCT.

BOT Approved: 01/22/09

**GUIDELINES FOR COMMITTEE OPERATIONS**

According to AACT Bylaws, committees serve in an advisory capacity to the AACT Board of Trustees. (Article IX of the Bylaws, Committees). The active participation of member volunteers allows AACT to grow while remaining a vibrant organization which provides a forum for sharing new and useful ideas and is responsive to the needs of its members.

**Appointments:** According to the AACT Bylaws, most committee chairs and members are appointed by the AACT president. Appointments automatically expire when the appointing President’s term is over. Committees are welcome to provide suggestions for appointments to the President. AACT members are also encouraged to volunteer for committee membership.

There are specific exceptions outlined in the Bylaws, e.g. the Executive Committee, Nominations Committee, and Finance Committee.

**Committee charges and activities:** Committees may receive specific charges from the AACT President. If they undertake additional activities, the President and Board of Trustees should be kept informed. Each committee has a Board of Trustees liaison to help facilitate two-way communication.

Because committees are advisory to the Board, they do not conduct business for the AACT or contact outside bodies on behalf of AACT unless specifically authorized to do so by the President. AACT reviews all committee publications. Unless there is specific authorization to the contrary, committees communicate with the committee members’ letterhead, not AACT letterhead.

**Meetings:** Unless there is a compelling reason to hold a meeting in executive session, it is expected that Committee meetings will be open to AACT members and staff. Executive sessions are typically held for issues related to confidentiality.

**Reports:** Committees present reports to the AACT Board twice per year, at the fall and spring Board meetings. These reports should contain information about committee activities and progress towards achieving goals or charges set by the President or Board.

Reports at the mid-year Board meeting are generally written, as the Board meeting does not immediately follow committee meetings and there is time for written reports to be prepared and submitted. When oral reports are necessary, they are usually presented by the Committee chair or Board liaison. At its discretion, the Board may invite the chair of a specific committee to travel to a Board meeting and pay for travel.

Written reports containing requests for Board action should be provided to the AACT Secretary with any supporting documentation, at least 4 weeks prior to a Board meeting so that Board members may consider the request or ask for additional information prior to the meeting.

**Interim progress reports:** Between Board meetings, conference calls of committee chairs, the President, and AACT staff, may be scheduled to provide assistance and to review the progress of committee activities. These calls are arranged by the AACT staff.

**Budgets for committee activities:** AACT’s official policy is to operate with a balanced budget; the budget for each calendar year is voted on at the Board of Trustees meeting the preceding fall. Each year by July 15, committees are requested to submit a budget of anticipated expenses for the following calendar year. The AACT Finance Committee will review this information and incorporate it, when possible, into the budget presented to the Board for approval. If additional financial needs become evident after the fall meeting, a request for a budget amendment may be made six weeks prior to the Midyear Board of Trustees meeting.

Budget requests should be submitted to the Treasurer, Finance Committee, and/or Board as appropriate. The AACT policy for requesting expenditures is attached.

**Communications:** AACT will facilitate communications among committee members and between committees and other AACT members. Examples include but are not limited to:

* Arranging and paying for periodic conference calls for committees and, when needed, subcommittees.
* Proofing, printing, and mailing/distributing committee written contributions to the newsletter and posting such communications on the AACT website. Distribution timelines and logistics can be discussed with the AACT staff.
* Assisting with dissemination of other committee information (e.g. public education directories and lists of materials).
* Posting committee information and updates in AACTion newsletter.
* Posting committee information on the AACT Website.
* Scheduling committee meeting rooms at NACCT.
* Assisting as needed with logistics at NACCT.
* Duplicating and distributing reports to the AACT Board of Trustees.
* Managing logistics for Committees, each of which has implications for the membership at large and/or individual committee operations.
* Reimbursing Board-authorized travel.

Committee chairs are encouraged to use the AACTion Newsletter and to update regularly Website entries as vehicles for keeping other members informed of their activities.

Created: 09/2008

Reviewed & Approved by BOT: 01/22/09

**STANDING COMMITTEES – AACT**

**AMERICAN BOARD OF APPLIED TOXICOLOGY (ABAT) COMMITTEE**

**Charge:**

The ABAT Committee will foster the development of clinical toxicology among the non-physician, non-veterinarian members of the Academy and generally address all aspects of the certification of these AACT members for membership in the American Board of Applied Toxicology.

**Membership:**

Under charges from the AACT President, the ABAT President will present the Committee with specific time-limited goals within its charge.

**Duties:**

1. Maintains and regularly updates qualifications for candidates applying for certification.

2. Administers, regularly updates and psychometrically validates an examination to eligible candidates to determine qualification for initial certification

3. Maintains and regularly updates criteria for certification renewal of members

4. Grants certificates and other forms of recognition to professionals who demonstrate exceptional ability in clinical toxicology

5. Widely disseminates a list of board-certified members

6. Solicits new questions and ideas from ABAT members

7. Offers professional education symposia at national meetings, such as NACCT

**Reporting:**

The Committee will annually submit a report to the Board of Trustees.

Created: 02/15/09

Revised (J Mowry): 3/4/09

**BY-LAWS COMMITTEE**

**Charge:**

The By-Laws Committee is responsible for reviewing periodically the By-Laws of the AACT and making recommendations to keep it current and updated to the operations of the organization.

**Membership:**

The By-Laws Committee shall be composed of three persons consisting of a past President and two members at large appointed by the President.

**Duties:**

1. Review and describe any sections of the By-Laws and Articles of Incorporation which are in need of amendment.

2. Propose amending language to the Board of Trustees.

3. Ensure that the version of AACT By-Laws that is available at the AACT Website is updated and accurate.

**Reporting:**

The Committee will annually submit a report to the Board of Trustees.

Created: 02/15/09

**COMMUNICATIONS & TECHNOLOGY COMMITTEE**

**Charge:**

The Communications & Technology Committee will generally address the web-based communications needs of the AACT.

**Membership:**

The Chair will be appointed by the President, who will present the Committee with specific BOT requests within its charge.

**Duties:**

1. Work with identified Webmaster to ensure website has a bright, young look.

2. Develop, update, and enhance the membership directory, including a ‘search’ engine

3. Use social networking to bring young professionals to the website (e.g. ‘wikis’).

4. Create and maintain organizational profile on websites such as FaceBook, MySpace, NetSquared

5. Host AACT and SIG-based list-serves, chat rooms, blogs, etc.

6. Offer members professional-oriented, website-based value and services (e.g. certification requirements, ratings of postgraduate training programs, LLSA information, professional resources, job & career information, relevant links)

7. Determine language needs of international audience and accommodate

8. Dedicate a section of website to international members

9. Considers creating a Career Resource Bank, with monthly automated updates to members only (e.g. post job openings, fellowship opportunities)

**Reporting:**

The Committee will annually submit a report to the Board of Trustees.

Created: 02/15/09

**EDUCATION COMMITTEE**

**Charge:**

The Education Committee will generally address the educational initiatives of the AACT.

**Membership:**

The Chair will be appointed by the President, who will present the Committee with its charge.

**Duties:**

1. Keep the AACT updated and in compliance with national professional organization standards and regulations regarding the granting of CME, CEUs, and other educational accreditation for its sponsored courses.

2. Credential all participants in AACT life-long learning initiatives

3. Develop new educational offerings

**Reporting:**

The Committee will annually submit a report to the Board of Trustees.

Created: 02/15/09

**EXECUTIVE COMMITTEE**

**Charge:**

The executive committee will undertake the business of the AACT in the interim period between Board of Trustee meetings.

**Membership:**

An Executive Committee is composed of the President, President-Elect, immediate Past-President, Treasurer and Secretary.

**Duties:**

1. The executive committee shall take action on behalf of the Board when the timing of a decision does not permit polling of the Board or if the President determines that the decision does not merit the polling of the Board. It is intended that these actions will be emergent, will not change existing policy, and will require unanimous approval of the Executive Committee.

2. Surveys Board members periodically concerning quality improvement to Board operations (BOT self-assessment).

3. Recruits, interviews, hires, terminates, provides oversight to, and evaluates performance of AACT Director and, indirectly, other AACT staff.

4. Orients new BOT members

5. Trains Board members and periodically facilitates Board member development.

6. Maintains and updates BOT Handbook of Policies & Procedures

7. Creates and implements a marketing and branding strategy for AACT, in conjunction with director.

8. Identified clear roles, responsibilities, expectations, and workplans for each committee.

9. Propose revised committee structure or new committees (in conjunction with By-Laws committee) as changing organizational need dictate.

10. With staff, creates mechanisms to store and analyze membership profile trends and data, and synthesize it into periodic reports

**Reporting:**

A report of all actions taken by the executive committee between Board meetings shall be presented at the next regular Board meeting. This report shall be included in the minutes as old business.

Created: 02/15/09

**FELLOWSHIP COMMITTEE**

**Charge:**

The Fellowship Committee will generally address the nomination of members of the AACT for election to fellowship status.

**Membership:**

The Chair will be appointed by the President, who will present the Committee with its charge.

**Duties:**

1. Periodically review the qualifications needed for election to fellowship status.

2. Present recommendations to the Board of Trustees for changes in the qualifications for fellowship election.

3. Solicit invitations for membership nomination and manage the subsequent nominations and applications to ensure that nominees’ files are complete.

4. Present recommendations of members to be newly elected to fellowship status to the Board of Trustees.

5. Coordinate wide dissemination and public announcement and celebration of selection of new fellows

6. Select AACT Lifetime Achievement Award Lectureship recipient

**Reporting:**

The Committee will annually submit a report to the Board of Trustees.

Created: 02/15/09

**FINANCE COMMITTEE**

**Charge:**

The Finance Committee will generally address the financial planning and fundraising needs of the AACT.

**Membership:**

The Chair will be appointed by the President, who will present the Committee with its charge.

**Duties:**

1. Enhances mechanisms to ensure financial accountability, in concert with the Treasurer, accountant, and financial auditor

2. Conducts annual financial review

3. Develops annual financial goals

4. Trains Board members on effective financial oversight

5. Enhances the annual budgeting process, in concert with the Treasurer

6. Explores sound financial investment options for surplus, in concert with investment consultant

7. Study membership fees structure.

8. Explore fundraising options with the goal of increased diversity of AACT revenue streams

9. Identify earned income opportunities

**Reporting:**

The Committee will annually submit a report to the Board of Trustees.

Created: 02/15/09

**NOMINATIONS COMMITTEE**

**Charge:**

The Nominations Committee will provide a slate of candidates to hold leadership positions within the AACT and will develop new strategies to ensure that the organization continues to nurture younger members and provide them opportunities to advance within the AACT according to their interests and ambitions.

**Membership:**

The Nominations Committee will consist of the Executive Committee and any other members of the AACT they so deem. At least two of an additional four members at-large of the Nominating Committee shall not be officers or members of the Board of Trustees. The President-Elect shall serve as Chair of the Nominations Committee. A majority of the Board of Trustees must approve all appointments to the Nominating Committee. Any member of the Nominating Committee who has agreed to be submitted for consideration for nomination will be immediately disqualified from the deliberations and will be replaced by an alternative member appointed by the President.

**Duties:**

1. Determine annually the needs for new leaders to fill those Board and Officer positions anticipated to be open within the AACT, due to term limits, resignation, or other reasons, according to the stipulations of the By-Laws.

2. Issue a call for nominations that is widely publicized to the membership annually in the Spring of each year.

3. Provide oversight to ensure a fair and transparent elections process.

4. Issue a reporting of election results to the President.

5. Offer recommendations to the Board for developing the conduit of new leadership within the Academy.

**Reporting:**

The report of the Nominating Committee submitted to the Board of Trustees will include a listing of all nominations received and their disposition.

Created: 02/15/09

**NORTH AMERICAN CONGRESS OF CLINICAL TOXICOLOGY COMMITTEE**

**Charge:**

The NACCT Committee will represent the interests of the AACT in the planning of the NACCT.

**Membership:**

The Chair will be appointed by the President, who will present the Committee with its charge.

**Duties:**

1. Identify key sponsors and exhibitors.

2. Offer webcasts or podcasts after initial transmission and to non-members.

3. Promote annual NACCT and pre-meeting symposium.

4. Improve timing, costs, and logistics (e.g. sliding scale fees, trainee scholarships, single-day registration, conference un-bundling)

**Reporting:**

The Committee will annually submit a report to the Board of Trustees.

Created: 02/15/09

**MEMBERSHIP COMMITTEE**

**Charge:**

The Membership Committee will generally address the recruitment and retention of membership in the AACT.

**Membership:**

The Chair will be appointed by the President, who will present the Committee with its charge.

**Duties:**

1. Collects membership information at the on-line or mailed point of registration

2. Conduct an annual online membership survey.

3. Use membership data to describe the changing profile of the Academy and to identify subgroups and interests within the Academy.

4. Search for under-represented groups that may indicate an untapped market.

5. Hold an Annual Membership Drive.

6. Devise a recruitment plan to begin recruiting within the top 5 groups chosen for each year’s roll-out of the Membership Drive.

7. Create tools and mechanisms to facilitate recruitment (e.g. “Membership Kits”

with packets of information about services and benefits, copies of newsletters and the journal, information on membership levels and due, and other resources.)

8. Consider creating “Regional Chapters” to facilitate regional recruitment efforts.

9. Promote current ‘student’ membership rates.

10. Analyze periodically members’ “return on investment” and widely disseminate value of benefits of AACT membership.

11. Devise ways to obtain feedback from members, including focus groups

**Reporting:**

The Committee will annually submit a report to the Board of Trustees.

Created: 02/15/09

**PUBLICATIONS COMMITTEE**

**Charge:**

The Publications Committee will generally address the fulfillment of publications sponsored by the AACT.

**Membership:**

The Chair will be appointed by the President, who will present the Committee with its charge.

**Duties:**

1. Prepare *AACTion* articles featuring the activities and initiatives of the AACT.

2. Enhance newsletter’s content, highlighting one SIG or Committee per issue

3. Distribute the newsletter broadly, including non-members and internationally

**Reporting:**

The Committee will annually submit a report to the Board of Trustees.

Created: 02/15/09

**RESEARCH AWARDS COMMITTEE**

**Charge:**

The Research Awards Committee will generally address issues surrounding research awards presented by the AACT.

**Membership:**

The Chair will be appointed by the President, who will present the Committee specific time-limited goals within its charge.

**Duties:**

1. Revise scholarship and awards programs to focus on new potential audiences

2. Disseminate application for research awards broadly and ensure transparency of the process

3. Develop procedures for selecting award recipients that are fair and unbiased

4. Notify Board annually of selection results and awards to be presented.

5. Coordinate public awareness and celebration of award recipients

**Reporting:**

The Committee will annually submit a report to the Board of Trustees.

Created: 02/15/09

**STRATEGIC PLANNING COMMITTEE**

**Charge:**

The Strategic Planning Committee will generally address the future planning needs of the AACT.

**Membership:**

The Chair will be appointed by the President, who will present the Committee with its charge. Ordinarily the Chair will be the President-Elect, who will nominate AACT members to serve on the committee, whose names shall be confirmed by the BOT.

**Duties:**

1. Periodic review of time-limited goals of the strategic plan. Match those goals to current and planned AACT activities.

2. Recommendations to BOT regarding implementation and results of monitoring.

3. Initiation of revisions of the strategic plan as needed.

4. Recommendations on need for reissue/develop new editions of the strategic plan.

**Reporting:**

The Committee will annually submit a report to the Board of Trustees.

Created: 02/15/09

**AMERICAN ACADEMY OF CLINICAL TOXICOLOGY**

**GUIDELINES FOR COMMITTEE OPERATIONS**

According to AACT Bylaws, committees serve in an advisory capacity to the AACT Board of Trustees. (Article IX of the Bylaws, Committees, is appended to this document). The active participation of member volunteers allows AACT to grow while remaining a vibrant organization which provides a forum for sharing new and useful ideas and is responsive to the needs of its members.

**Appointments:** According to the AACT Bylaws, most committee chairs and members are appointed by the AACT president. Appointments automatically expire when the appointing President’s term is over. Committees are welcome to provide suggestions for appointments to the President. AACT members are also encouraged to volunteer for committee membership.

There are specific exceptions outlined in the Bylaws, e.g. the Executive Committee, Nominations Committee, and Finance Committee.

**Committee charges and activities:** Committees may receive specific charges from the AACT President. If they undertake additional activities, the President and Board of Trustees should be kept informed. Each committee has a Board of Trustees liaison to help facilitate two-way communication.

Because committees are advisory to the Board, they do not conduct business for the AACT or contact outside bodies on behalf of AACT unless specifically authorized to do so by the President. AACT reviews all committee publications. Unless there is specific authorization to the contrary, committees communicate with the committee members’ letterhead, not AACT letterhead.

**Meetings:** Unless there is a compelling reason to hold a meeting in executive session, it is expected that Committee meetings will be open to AACT members and staff. Executive sessions are typically held for issues related to confidentiality.

**Reports:** Committees present reports to the AACT Board twice per year, at the fall and spring Board meetings. These reports should contain information about committee activities and progress towards achieving goals or charges set by the President or Board.

Reports at the mid-year Board meeting are generally written, as the Board meeting does not immediately follow committee meetings and there is time for written reports to be prepared and submitted. When oral reports are necessary, they are usually presented by the Committee chair or Board liaison. At its discretion, the Board may invite the chair of a specific committee to travel to a Board meeting and pay for travel.

Written reports containing requests for Board action should be provided to the AACT Secretary with any supporting documentation, at least 4 weeks prior to a Board meeting so that Board members may consider the request or ask for additional information prior to the meeting.

**Interim progress reports:** Between Board meetings, conference calls of committee chairs, the President, and AACT staff, may be scheduled to provide assistance and to review the progress of committee activities. These calls are arranged by the AACT staff.

**Budgets for committee activities:** AACT’s official policy is to operate with a balanced budget; the budget for each calendar year is voted on at the Board of Trustees meeting the preceding fall. Each year by July 15, committees are requested to submit a budget of anticipated expenses for the following calendar year. The AACT Finance Committee will review this information and incorporate it, when possible, into the budget presented to the Board for approval. If additional financial needs become evident after the fall meeting, a request for a budget amendment may be made six weeks prior to the Midyear Board of Trustees meeting.

Budget requests should be submitted to the Treasurer, Finance Committee, and/or Board as appropriate. The AACT policy for requesting expenditures is attached.

**Communications:** AACT will facilitate communications among committee members and between committees and other AACT members. Examples include but are not limited to:

* Arranging and paying for periodic conference calls for committees and, when needed, subcommittees.
* Proofing, printing, and mailing/distributing committee written contributions to the newsletter and posting such communications on the AACT website. Distribution timelines and logistics can be discussed with the AACT staff.
* Assisting with dissemination of other committee information (e.g. public education directories and lists of materials).
* Posting committee information and updates in AACTion newsletter.
* Posting committee information on the AACT Website.
* Scheduling committee meeting rooms at NACCT.
* Assisting as needed with logistics at NACCT.
* Duplicating and distributing reports to the AACT Board of Trustees.
* Managing logistics for Committees, each of which has implications for the membership at large and/or individual committee operations.
* Reimbursing Board-authorized travel.

Committee chairs are encouraged to use the AACTion Newsletter and to update regularly Website entries as vehicles for keeping other members informed of their activities.

Created: 09/2008

Reviewed by the AACT Board of Trustees: January, 2009

**BY-LAWS: AACT**

**ARTICLE IX —COMMITTEES & SPECIALTY SECTIONS**1. Standing Committees of the Academy are: American Board of Applied Toxicology Committee, By-Laws Committee, Communications and Technology Committee, Education Committee, Executive Committee, Fellowship Committee, Finance Committee, Nominations Committee, North American Congress of Clinical Toxicology (NACCT) Committee, Membership Committee, Publications Committee, Research Awards Committee, and the Strategic Planning Committee. The composition and duties of the committees shall be enumerated in the policies and procedures of the Academy as determined by the Board of Trustees.

2. The President shall have the power to make and terminate appointments to the standing committees. Appointments are effective from the time of appointment until the close of the next general Meeting of the membership. All standing committees report directly to the President.

3. The President shall establish such ad hoc committees as he or she or the Board of Trustees deem necessary for the purpose of carrying out specific projects. The term of such committees is continuous until the function has been performed or until the committee is otherwise discharged by the President.

4. The Board of Trustees may designate Specialty Sections within the Academy based on the prevailing academic interests of the members.

5. The President shall have the power to appoint liaison committees or representatives for the purpose of establishing and maintaining rapport with other organizations.

6. Any statement or document reflecting a policy or position of the Academy must receive approval from the Board of Trustees prior to circulation or distribution.

Created: 12/21/08

# American Academy of Clinical Toxicology

**Travel Policies**

Subject:Board of Trustees Business Travel Authorization & Reimbursement

Principle: The American Academy of Clinical Toxicology (AACT) believes that it is important that members of the AACT Board of Trustees physically participate in meetings and scientific conferences in order to promote the presence and increase the awareness of the AACT. Therefore, it is appropriate that the AACT provide financial support to members of the Board of Trustees or its designees who travel on behalf of the AACT.

Policy: The purposes of this policy are: (1) to establish consistent standards for all members of the AACT Board of Trustees (BoT) or its designees who travel or incur reimbursable expenses while conducting AACT business; (2) to identify the types of travel that will be covered; (3) to describe the procedures for travel authorization; (4) to specify the types of expenditures the AACT will reimburse.

Acceptable Travel:

(1) Board of Trustees Meetings

(a) Excluding the Meeting held during the North American Congress of Clinical Toxicology.

(2) European Association of Poisons Centres and Clinical Toxicologists (EAPCCT)

(a) One (1) meeting of the EAPCCT Scientific Committee, excluding the one held during the EAPCCT Scientific Congress. Service is at the invitation of the EAPCCT president, but is limited to two people (usually the President, President-Elect or Past-president) unless otherwise specified by the BoT.

(3) EAPCCT Scientific Congress

(a) Limited to two people: the President and the President-Elect or a designee for one or both.

(4) Asian Pacific Association of Medical Toxicology

 (a) Limited to one (1) member of the BoT if invited to represent the AACT.

(5) Other Business or Scientific meetings approved by the BoT.

(a) Examples: IUTOX Scientific Congress, AHLS business meeting,

government committees.

**Approval Process**

The Board of Trustees must approve all travel but there are different approval processes depending on the type of business travel.

By approving this policy, the Board of Trustees grants standing approval for travel to the Mid-Year Board of Trustees Meeting.

By approving this policy, the Board of Trustees grants standing approval for travel of up to two persons to the EAPCCT Scientific Committee Meeting and to the EAPCCT Scientific Congress.

Travel for all other purposes must have prior approval by the Board of Trustees by a vote. Such approval may be in the form of a budget line item in an approved budget (e.g., APAMT or IUTOX). In these cases, the purpose of the size of the line should be noted in the minutes or budget explanation from the Secretary-Treasurer.

Special Occasions

The Executive Committee is authorized to approve urgent requests for travel when the opportunity or need arises. When this happens, the Executive will present the justification for the decision to the Board at a regularly scheduled Board Meeting.

**Reimbursement of Expenses**

Travelers must submit travel reimbursement requests to the designated AACT Liaison at the AACT’s management office upon completion of each trip. The treasurer will approve all expenses over $500. Travelers must submit the following documentation:

* Air/Rail – passenger coupon (boarding pass) or itinerary with evidence of payment.
* Hotel – hotel folio or other proof of payment.
* Ground Transportation – proofs of payment/receipts for taxis, shuttles, etc.
* Meals – charge/credit card receipt or cash register receipt (no restaurant tear tabs).
* Gratuities – must be clearly documented and follow the guidelines provided in this policy.
* Meeting Registration – registration forms/receipts.
* Miscellaneous – receipts and a clear business purpose for the expense.

Submitted receipts may be in the form of originals, electronically scanned copies or photocopies. Receipts/bills are required on all expenses in excess of $25. When a receipt is not available, explanations of the expense and the reason for the missing receipt should be provided.

Internet access charges and admission to use basic health facilities will be covered by the AACT. Movies and spa/fitness charges beyond basic workout rates incurred while on travel are considered personal expenses and will not be reimbursed by AACT.

Expense reports that are incorrect or incomplete will be returned to the traveler for corrective action and may result in delay or non-reimbursement of specific items. Reimbursement for approved expenses will be processed as quickly as possible.

Expenses incurred as a result of flight interruptions will be reimbursed.

**Automobile Mileage**

AACT will reimburse at the current IRS per mile rate when a personal automobile is used for business transportation. AACT will NOT reimburse the cost of rental vehicles.

**Business Meals**

Business meals will be reimbursed at the actual cost. Meals should be reasonably priced.

Employees will be reimbursed according to actual and reasonable cost for business meals taken with AACT members, corporate sponsors, or professional associates when an AACT related business discussion takes place.

**Gratuities**

Tips at hotels, air and rail terminals and taxis will be reimbursed. The following are the tip guidelines:

* Up to 20% for meals
* Up to 15% for taxis
* Up to $2 for shuttle drivers
* $1 per bag on day of arrival and departure for skycaps and bellmen.
* $2 per day for housekeepers/maids

**Telephone Expense**

Telephone expenses are reimbursable while conducting AACT business. An itemized bill must be submitted with the reimbursement request with the business calls identified.

**Responsibilities**

Members are expected to seek reimbursement only for actual expenses incurred on AACT’s behalf. AACT assumes no obligation for reimbursement of expenses that are not in compliance with any of the AACT travel policies.

**Limitations and Restrictions**

1) Air/Rail expenses are limited to Coach class travel.

2) Lodging and Meals

a) For travel within North America, lodging and meal expenses will be reimbursed starting the day before the start of the meeting and ending the night of the last day of the meeting.

b) For travel outside of North America, lodging and meal expenses will be reimbursed starting two days before the start of the meeting and ending the night after the last day of the meeting.

c) Reasonable costs of beer or wine consumed during a meal will be reimbursed.

**Reviewed & Approved by BOT: 01/22/09**

**American Academy of Clinical Toxicology (AACT)**

**Conflict of Interest Policy**

**Article I**

**Purpose**

The purpose of the conflict of interest policy is to protect this tax-exempt organization’s (AACT) interest

when it is contemplating entering into a transaction or arrangement that might benefit the private interest of

an officer or director of the Organization or might result in a possible excess benefit transaction. This policy

is intended to supplement but not replace any applicable state and federal laws governing conflict of interest

applicable to nonprofit and charitable organizations.

**Article II**

**Definitions**

1. **Interested Person**

Any director, principal officer, or member of a committee with governing board delegated powers, who has a

direct or indirect financial interest, as defined below, is an interested person.

2. **Financial Interest**

A person has a financial interest if the person has, directly or indirectly, through business, investment, or

family:

**a.** An ownership or investment interest in any entity with which the Organization has a transaction or

arrangement,

**b.** A compensation arrangement with the Organization or with any entity or individual with which the

Organization has a transaction or arrangement, or

**c.** A potential ownership or investment interest in, or compensation arrangement with, any entity or individual

with which the Organization is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. Under Article III, Section 2, a person who has a

financial interest may have a conflict of interest only if the appropriate governing board or committee decides

that a conflict of interest exists.

**Article III**

**Procedures**

1. **Duty to Disclose**

In connection with any actual or possible conflict of interest, an interested person must disclose the

existence of the financial interest and be given the opportunity to disclose all material facts to the directors

and members of committees with governing board delegated powers considering the proposed transaction

or arrangement.

2. **Determining Whether a Conflict of Interest Exists**

After disclosure of the financial interest and all material facts, and after any discussion with the interested

person, he/she shall leave the governing board or committee meeting while the determination of a conflict of

interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict

of interest exists.

3. **Procedures for Addressing the Conflict of Interest**

**a.** An interested person may make a presentation at the governing board or committee meeting, but after the

presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or

arrangement involving the possible conflict of interest.

**b.** The chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person

or committee to investigate alternatives to the proposed transaction or arrangement.

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**c.** After exercising due diligence, the governing board or committee shall determine whether the

Organization can obtain with reasonable efforts a more advantageous transaction or arrangement from a

person or entity that would not give rise to a conflict of interest.

**d.** If a more advantageous transaction or arrangement is not reasonably possible under circumstances not

producing a conflict of interest, the governing board or committee shall determine by a majority vote of the

disinterested directors whether the transaction or arrangement is in the Organization’s best interest, for its

own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make

its decision as to whether to enter into the transaction or arrangement.

4. **Violations of the Conflicts of Interest Policy**

**a.** If the governing board or committee has reasonable cause to believe a member has failed to disclose

actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the

member an opportunity to explain the alleged failure to disclose.

**b.** If, after hearing the member’s response and after making further investigation as warranted by the

circumstances, the governing board or committee determines the member has failed to disclose an actual or

possible conflict of interest, it shall take appropriate disciplinary and corrective action.

**Article IV**

**Records of Proceedings**

The minutes of the governing board and all committees with board delegated powers shall contain:

**a.** The names of the persons who disclosed or otherwise were found to have a financial interest in

connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken

to determine whether a conflict of interest was present, and the governing board’s or committee’s decision

as to whether a conflict of interest in fact existed.

**b.** The names of the persons who were present for discussions and votes relating to the transaction or

arrangement, the content of the discussion, including any alternatives to the proposed transaction or

arrangement, and a record of any votes taken in connection with the proceedings.

**Article V**

**Compensation**

**a.** A voting member of the governing board who receives compensation, directly or indirectly, from the

Organization for services is precluded from voting on matters pertaining to that member’s compensation.

**b.** A voting member of any committee whose jurisdiction includes compensation matters and who receives

compensation, directly or indirectly, from the Organization for services is precluded from voting on matters

pertaining to that member’s compensation.

**c.** No voting member of the governing board or any committee whose jurisdiction includes compensation

matters and who receives compensation, directly or indirectly, from the Organization, either individually or

collectively, is prohibited from providing information to any committee regarding compensation.

**Article VI**

**Annual Statements**

Each director, principal officer and member of a committee with governing board delegated powers shall

annually sign a statement which affirms such person:

**a.** Has received a copy of the conflicts of interest policy,

**b.** Has read and understands the policy,

**c.** Has agreed to comply with the policy, and

**d.** Understands the Organization is charitable and in order to maintain its federal tax exemption it must

engage primarily in activities which accomplish one or more of its tax-exempt purposes.

3

**Article VII**

**Periodic Reviews**

To ensure the Organization operates in a manner consistent with charitable purposes and does not engage

in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic

reviews shall, at a minimum, include the following subjects:

**a.** Whether compensation arrangements and benefits are reasonable, based on competent survey

information and the result of arm’s length bargaining.

**b.** Whether partnerships, joint ventures, and arrangements with management organizations conform to the

Organization’s written policies, are properly recorded, reflect reasonable investment or payments for goods

and services, further charitable purposes and do not result in inurement, impermissible private benefit or in

an excess benefit transaction.

**Article VIII**

**Use of Outside Experts**

When conducting the periodic reviews as provided for in Article VII, the Organization may, but need not, use

outside advisors. If outside experts are used, their use shall not relieve the governing board of its

responsibility for ensuring periodic reviews are conducted.

**Approved by BOT: 2007**

**AACT FINANCES**

**APPROPRIATION OF AACT FUNDS FOR NEW PROJECTS**

**Reviewed January, 2009**

This policy describes the process by which the American Academy of Clinical Toxicology will appropriate funds for activities deemed important by the organization.

The American Academy of Clinical Toxicology operates on a balanced budget. When the AACT Board of Trustees passes a budget at their fall meeting, projected expenses must be less than or equal to projected revenues. This document describes the process ACCT will use to allocate funds for new projects. Such projects may come before the President of AACT for consideration before or after the AACT budget has been approved. The process used for approving the appropriation of AACT funds for a new project will depend on the timing of the request in comparison to the budgetary approval cycle.

**PROJECTS ARRIVING BEFORE THE AACT BUDGET HAS BEEN APPROVED:**

* All funding requests must be sent to the Treasurer and/or the AACT President at least four weeks before the fall meeting of the Board of Trustees.
* A project description, a budget, and a clearly identified source of revenue must accompany funding requests. Revenue sources may be internal or external to AACT.
* Projects approved the AACT Board of Trustees will be assigned a service category by the AACT Treasurer.
* Approved projects will be reviewed annually by the Board of Trustees for continuation of funding.

**PROJECTS ARRIVING AFTER THE BUDGET HAS BEEN APPROVED:**

* The AACT will establish a “Projects” service category to fund items that arise suddenly during the fiscal year. The Board of Trustees will approve the amount of funding assigned to this service category in advance during their fall meeting.
* All projects arising during the fiscal year and after the AACT budget has been approved will be directed to the AACT President or Treasurer. The President may approve projects up to $1000. The President or the Treasurer may approve expenditures up to $5000 utilizing funds from the Projects account or another more appropriate account if one exists. Total project expenditures amounting to $5001 to $10,000 must be approved by a unanimous vote of the Executive Committee. Any project not approved may be appealed to the AACT Board of Trustees.
* Projects that exceed $10,000 must be approved by a majority vote of the Board of Trustees. Such expenditures may be funded by reallocating funds within the approved budget, capital reserves, and/or funds within the “Projects” service category.
* The President may not approve expenditures that exceed the approved budget unless a clearly established additional revenue source exists.

Policy on the process and range of amounts by which line items in the AACT annual budget adopted by the board may be exceeded.

On their own authority, an individual, officer or member with responsibility for a particular line item may approve exceeding the line item by up to 10% or $1000 whichever is less.

Exception: if the individual is the direct beneficiary of the line item, e.g., president’s discretionary funds, that individual must have one other officer’s approval, usually the treasurer.

The executive may vote to approve an increase in any line item up to $5000.

Any increase in excess of $5000 will require consent of the board of trustees through an email poll or conference call.

**Reviewed by BOT: 01/22/09**

**Financial Self-Assessment**

The following essential elements are recommended to be included in an initial assessment of the administrative review of the AACT’s financial needs and requirements.

1. Cash Flow
	1. How many days cash on hand?
	2. Describe any restricted use.
	3. What is the monthly total of incoming cash?
	4. What are the sources of income?
	5. What are the monthly expenses?
		1. Management Services
		2. Supplies and equipment
		3. Contracts
		4. Vendors
		5. Taxes
		6. Other
	6. What is the approval process to release checks?
2. Budget
	1. Volume/operations assumptions
	2. New revenue streams?
	3. What is the status of each assumption?
	4. Annual Budget process and calendar
3. Capital
	1. What is the capital budget for the year?
	2. How much has been encumbered?
	3. How much has been paid?
	4. What are the sources for cash for capital?
4. Accounts Receivable
	1. What are the average days of revenue outstanding in the Accounts Receivable?
	2. What is the average unbilled? Current?
	3. What are the major issues that impede collections?
	4. Is there anything outsourced?
5. Accounts Payable
	1. What is the approval process for Purchase Orders?
	2. Who are the major vendors?
	3. What is the aging? Any vendor over 90 days?
6. Depreciation
	1. Is depreciation funded each year?
	2. If so, what is the balance in the depreciation fund?
7. Current loss, shortfall, profit
	1. YTD profit or loss?
	2. Operating vs. bottom line?
	3. What is the budget variance?
8. Financial Trends
	1. What is the last 3 years for profit/loss?
	2. Compare this year with last year. What made it better? Worse?
9. Vacancy/Vacancy Control
	1. What is the process for hiring a new employee?
	2. What is the process for changing an employee’s status?
	3. What personnel changes have been projected in next year’s budget?
10. Grant Review
	1. What is the process for review to determine to proceed with application?
	2. What is the process for review of revenue implications?
	3. What is the process for ongoing monitoring and review after award?
11. Board Approval and Communication
	1. Has there been a needs assessment for the Board and Finance Committee?
	2. Are we currently meeting those needs?
	3. Is the communication timely and complete?
12. Taxes
	1. Do Board members have copies of current Federal and State tax filings?
	2. Are there updated changes in tax loss and/or reporting requirements?
13. Auditing
	1. Is there an accountant’s statement?
	2. When was the most recent partial audit of the AACT?
	3. When was the most recent complete audit of the AACT?
	4. Is there a need to change auditors?
14. NACCT
	1. Is there a balance sheet of NACCT expenses/receipts?
	2. Is there a clear statement of profit/loss?
	3. Have promised educational grants and donations from sponsors been paid?
	4. What expenses have been paid to the professional conference organizer?
	5. What are the previous 3 year trends in expenses/receipts?

Created: 09/08

Reviewed by BOT: 01/22/09

**The AACT Board and Its Own Evaluation**

All Boards have the responsibility to evaluate their own internal and external performance. The internal functions of a board relate to how the board operates as a group: leadership, membership, level of participation, agenda, preparation for meetings, board structure.

Its external functions are concerned with how the board fulfills its areas of responsibilities: strategic planning, marketing, and public relations, as well as finance and policy formulation.

**The Internal Functions of the Board**

There are two major sections to be considered in the internal function of a board: decision marking and operations. Please rate each section by circling the appropriate letter according to the following scale:

A=Very Satisfied

B=Satisfied

C=Somewhat satisfied

D=Not satisfied

**Decision Making**

1. How satisfied are you with the Board’s decision making process? A B C D

2. How satisfied are you with the Board’s ability to achieve consensus? A B C D

3. How satisfied are you with the Board’s willingness to delay action for further discussion? A B C D

4. How satisfied are you with the time allowed to prepare for and discuss major decisions? A B C D

Please make suggestions which will improve Board level decision making.

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A=Very Satisfied

B=Satisfied

C=Somewhat Satisfied

D=Not Satisfied

**Operations**

5. How satisfied are you with the Board’s leadership? A B C D

6. How satisfied are you with the composition of the Board in diversity of background and talents? A B C D

7. How satisfied are you with the quality of Board materials and information?

 A B C D

8. How satisfied are you that participation and comments of Board members are encouraged and welcome? A B C D

9. How satisfied are you with the level of Board member participation? A B C D

10. How satisfied are you with Board members’ preparation for the meeting?

 A B C D

11. How satisfied are you with the way the Board utilizes committees for Board work?

 A B C D

12. How satisfied are you with the frequency of Board meetings? A B C D

13. How satisfied are you with the length of Board meetings? A B C D

14. How satisfied are you with the process by which Board meeting agendas are prepared? A B C D

15. How satisfied are you that the Board’s actions are in compliance with the stated mission of the AACT? A B C D

Please suggest how the Board operations can be improved.

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**Potential Board Changes**

Due to the ever increasing complexity of the AACT, and the time constraints placed on the Board, some potential changes have been identified. Please rate each section by circling the appropriate letter according to the following scale:

A=Outstanding

B=Good

C=Fair

D=Poor

16. Expand the fall Board meeting to include one evening and then a full day following the conclusion of the NACCT. A B C D

17. Provide detailed instruction to committee chairs for both verbal and written reports to the Board. A B C D

18. Limit verbal committee reports to the Board to the spring meeting only, except action items, which may be presented in the fall. A B C D

19. Divide the Board into two or three subcommittees, each responsible for certain specific functions and committees of the AACT. A B C D

20. AACT committees would present Board subcommittees, the board subcommittees would then present to the entire Board. A B C D

21. The Board should take a one day retreat to examine and explore its mission and operations. A B C D

22. There is no need for any change in the Board operations. A B C D

Please suggest how the Board could change to improve operations.

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**The External Functions of the Board**

The external functions of a board include areas of responsibility and relationships. Please rate each external function by circling the appropriate letter according to the following scale:

A=Outstanding

B=Good

C=Fair

D=Poor

**Areas of Responsibility**

**Strategic Planning**

1. The Board sets goals and works toward the achievement of those goals.

 A B C D

2. The Board involves other appropriate individuals and groups in its planning process.

 A B C D

3. The Board accomplishes the goals and activities for which it is responsible.

 A B C D

4. The Board has a comprehensive long-range plan. A B C D

5. The long-range plan for the AACT includes funding efforts. A B C D

6. The long-range plan for the AACT includes marketing efforts. A B C D

7. The long range plan for the AACT includes new training initiatives on behalf of the membership. A B C D

How can the Board’s role in strategic planning be improved?

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A=Outstanding

B=Good

C=Fair

D=Poor

**Finances**

8. The Board reviews and approves the AACT budget. A B C D

9. The Board monitors the AACT budget. A B C D

10. The Board has developed policies for the financial management of the AACT.

 A B C D

How can the board’s role in finances be improved?

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**Building and Capital equipment**

11. The long-range plan includes priorities for management and capacity improvements.

 A B C D

12. The relationship between the Board’s responsibilities and other groups is clearly stated. A B C D

How can the board’s role in capacity building and partnering be improved?

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A=Outstanding

B=Good

C=Fair

D=Poor

**Policy Formulation**

13. The Board formulates policies in accord with its By-Laws and governing law.

 A B C D

14. The Board evaluates its policies regularly. A B C D

15. The Board policies are systematically indexed, codified, and published in a board policy manual. A B C D

16. Board policies are communicated to those people who are affected by the decisions. A B C D

How can the Board’s role in policy formulation be improved?

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Reviewed by the AACT Board of Trustees: 01/22/09

**POSITION STATEMENTS**

History:

Approximately two years ago (SIC), President Jeffrey Brent appointed an ad hoc

committee comprised of Allister Vale and Ed Krenzelok to produce a report to

establish the methods of producing Position Statements. The initial report was delivered a year ago and was discussed et length at the 2001 mid-year Board Meeting. It was quite exhaustive and in some regards it exceeded the original intent. A notable example was the creation of two tiers of deliverables - Position Papers and Position Statements. A source of confusion was the change of definition of Position Statements to Position Papers. Several recommendations were made. A revised document was recently

received incorporating most of these revision S. I have added the few remaining

recommendations. This revised document is presented to the Board for its consideration.

Respectfully submitted,

Milton Tenenbein

AMERICAN ACADEMY OF CLINICAL TOXICOLOGY

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Production of Position Statement;

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Introduction

1. The American Academy of Clinical Toxicology (AACT) and the European

Association of Poisons Centres and Clinical Toxicologists (EAPCCT) have

collaborated to publish six Position Statements on Gut Decontamination

and Elimination Techniques. These were published in the journal co-sponsored

by the two Societies, Clirnical Toxicology. The AACT has published two Practice Guidelines on the management of toxic alcohol poisoning.

2. In 1993 when the first Position Statements were drafted there was no

internationally agreed methodological approach for the production of such

guidelines. Although the final drafts of the Position Statements were

produced using methods of literature retrieval and critical literature review

which have since been accepted as the norm, a detailed explanation of the

methods employed in producing the Position Statement was not given. In

addition all Position Statements were subjected to extensive peer review

and presentation at NACCT and EAPCCT Congresses, Jrior to approval by

the AACT and EAPCCT Boards.

3. In 1990, a Committee established by the United States lnstitute of Medicine

to advise the Public Health Service on clinical practice guidelines, stressed

that, "The link between a set of guidelines and the scientific evidence must

be explicit, and scientific and clinical evidence must take precedence over

expert judgment.”

4. A substantial literature has been published on the development of clinical

guidelines in the last ten years to ensure that clinical practice guidelines,

such as Position Statements, are robust and authoritative and assimilate

and evaluate the ever-increasing literature on best practice. This paper has

been written after careful consideration of all relevant literature.

5. It has been agreed that the AACT will continue to produce. in collaboration

with the EAPCCT. a series of Position Statements.

6. Position Statements will be comprehensive evidence-based scientific

reviews incorporating a systematic literature review and detailed

recommendations graded according to the strength of the supporting

evidence. The Position Statements will be referenced fully.

Establishment and composition of the Position Statement: Committee

7. The AACT Board will select appropriate topics for Position Statements and

it will appoint an ad hoc committee to draft each one. The ad hoc

committee tasked to produce each Position Statement will follow the agreed

methods and will ensure that the process is fully documented and quality

assured. Each committee will report to the Board of the AACT. The

appointments of drafting committees for collaborative position statements of

the MCT and the EAPCCT shall be negotiated ad hoc.

8. The Position Statement Drafting Committee will be composed of those who

have proven ability in assessing scientific evidence, to e 1sure that the

literature base underpinning the Position Statement is evaluated critically.

In addition, all members must be involved actively in the everyday practice

of clinical toxicology to ensure that all relevant issues arf~ identified and

addressed thereby increasing the likelihood that the Position Statement will

be seen as credible.

9. All members of the Position Statement Drafting Committee will be required to complete a declaration of interest, both personal and 10n.personal. A

personal interest involves payment to the individual concerned e.g. consultancies or other fee-paid work commissioned by a relevant pharmaceutical company or a shareholding in that company; a non-personal interest involves payments which benefits any group, unit or department for which the individual is responsible, for example, endowed fellowships or other pharmaceutical industry support. Arrangements should be made for this declaration to be confirmed annually,

10. Such interests may not debar an individual from participating in the production of Position Statements but it is essential that the AACT be not embarrassed by the later disclosure of such interests. This mirrors the arrangements for presentation of papers at NACCT.

Funding for the production of Position Statements

11. The MCT and the EAPCCT have agreed to fund the production of future

Position Statements and these funds will cover, if necessary, on-line search costs, library and copyright fees to obtain copies of articles for review, and the meeting costs associated with the production of the Position Statements. It is not intended that members of the Position Statement Drafting Committee will receive any payment for the academic work involved in the production of the Position Statements Timetable for the production of Position Statements

12. The time taken to develop Position Statement will vary according to the

topic under consideration, the volume of relevant literature to be critically

appraised, the amount of feedback received during the consultative phases of development and the competing pressures on the timE: of members of the drafting committee. It is suggested that some 18 months would be required for the preparation and peer review of a Position Statement before consideration by the Board. Updating of the present Position Statements could be undertaken within twelve months.

Selection of topics for future Position Statements

13. International experience suggests that the selection of appropriate topics is

crucial. The New Zealand Guidelines Group has emphasized that

guidelines should address a specific healthcare need and that, "there must

be an expectation that change is possible and desirable and that, if the

guidelines are followed, there is potential to improve the quality of care

and/or patient outcomes." 2 To this must be added the requirement for

robust evidence of effective practice on which to base guideline

recommendations.

14. It is likely to be found helpful organizationally to breakdown a larger topic

into more manageable sub-topics in order to ensure that the Position

Statement can be drafted within the timescales set out above.

Systematic review of the literature

15. Guidelines based on a consensus of expert opinion or unsystematic literature surveys have been criticized as being most liable to bias and of

not necessarily reflecting current knowledge. Position Statements, will therefore be based on a systematic review of all the available scientific evidence.

16. Systematic review has been defined as, "An efficient scientific technique to identify and summarize evidence on the effectiveness of interventions and to allow the generalizability and consistency of research findings to be assessed and data inconsistencies to be explored." This means that the literature should be identified according to an explicit search strategy, selected according to defined inclusion and exclusion criteria and evaluated against consistent methodological standards.

17. The topic for the proposed Position Statement should bE! broken down into

structured key questions that clearly identify the population concerned, the

intervention under investigation, the outcome measured and the type of

control used. The search must focus on the best availat)le evidence to

address each key question and should ensure maximum coverage of

studies at the top of the hierarchy of study types (Appendix 1).

18. As a minimum, searches of MEDLlNE, TOXLlNE, EMB.Cochrane

library, and the Internet (in particular, the web sites of other societies who

produce clinical guidelines and position statements) shoJld be undertaken.

The back files of Current Awareness in Clinical Toxicology will also be

searched for other relevant references. Published and unpublished reviews

of the topic will be examined to confirm that all relevant references have been included.

19. Although this will be topic dependent, it is anticipated th.3t searching will

cover at least a fifteen-year period and probably back to 1966, the first year

of MEDLINE that can be searched electronically and comprehensively.

20. Once papers have been selected as potential sources of evidence, the

methods used in each study will be assessed to ensure its validity. The

result of this assessment will affect the level of evidence allocated to the

paper, which will in turn influence the grade of recommendation that it

supports. This assessment is based on a number of key questions that

focus on those aspects of the study design that research has shown to have

a significant influence on the validity of the results reopened and conclusions

drawn. To minimize subjective judgment, each study should be evaluated

independently by at least two members of the drafting committee. The

Drafting Sub-committee as a whole should discuss any differences in

assessment in order to reach a consensus.

Recommendations made in Position Statements

21. Recommendations made in a Position Statement will be graded to

differentiate between those based on strong evidence and those based on

weak evidence (Appendix 2). This judgment is made on the basis of an

objective assessment of the study design and quality and a judgment on the

consistency, clinical relevance and external validity of the evidence.

Grading does not relate to the imporlance of the recommendation, but to

the strength of the supporting evidence and, in particular, to the predictive

power of the study designs from which the data were obtained- Thus, the

grading assigned to a recommendation will indicate to users the likelihood

that, if that recommendation is implemented, the predicted outcome will be

achieved. .

Peer review of Position Statements

22. It is proposed, in keeping with past practice, that the draft Position

Statements should be reviewed by independent expert referees who are

invited to comment on the comprehensiveness and accuracy of

interpretation of the evidence base supporting the Position Statement and,

in addition, the appropriateness of any recommendation; made. The

comments received from peer reviewers should be tabulated and discussed

by the drafting committee. Each comment made must be addressed and agreed, and changes to the Position Statement recorded.

23. In addition, as in the past, it is recommended that if it is at all possible the

draft Position Statement should be presented at NACCT so that the proposed recommendations can be considered and the drafting committee given the opportunity to amend the draft document. This has the benefit of generating a sense of ownership by AACT members over the Position Statement and also provides the opportunity to obtain valuable feedback on the content and recommendations of the Position Statement.

24. If pre-publication consultation at NACCT is not feasible the Position

Statement should be presented at the NACCT after approval by the AACT

Board. The Position Statement will be published in Clinical Toxicology and

placed on the Academy web site. .

Content, presentation and publication of Position Statements

25. The Position Statement will be written in unambiguous language and should define all terms precisely.

26. The following format for a Position Statement is proposed:

(i) Abstract;

(ii) Introduction. This should include a clear statement of the need for the

Position Statement, the treatment option(s) available and the patient

and practitioner groups to which it applies;

(iii) Systematic literature review. A systematic critical appraisal of the

literature should be included and the search methodology employed

should be stated. This will cover in vitro studies (where relevant),

animal studies, volunteer studies and clinical studies. This

assessment of the literature should provide the justification for the

recommendations that follow;

(iv) Recommendations and Conclusions. These should be derived from

the scientific evidence, graded according to file strength of the

supporting evidence. If there is insufficient scientific evidence on

which to base a recommendation, it may be necessary to include a

consensus statement. Thus, the Position Statement will distinguish

those recommendations that are supported by high quality research

evidence from those that have limited evidence to support them. The

Position Statement will also identify those patients who will probably

receive benefit from the specified treatment. those who will not, and

those who might be harmed by a particular treatment;

(v) References. The Position Statements will be referenced fully;

(vi) An Appendix will contain, if appropriate, further deficits of the treatment

method(s);

(vii) Authorship. Authorship is attributed to the AACT. The members of the

drafting committee will be acknowledged at the conclusion of the document.

References,

1. Field MJ, Lohr KN (editors). Institute of Medicine Committee to Advise the

Public Health Service on Clinical Practice Guidelines. Clinical Practice

Guidelines: Directions for a new program. Washington DC: National

Academy Press, 1990.

2. New Zealand Advisory Committee on Guidelines. Principles to guide the

evaluation of clinical practice guidelines. Auckland: Adis International,

1996.

3. Mulrow CD. Rationale for systemic reviews. BMJ 1994; O9: 597-9.

4. US Department of Health and Human Services. Agency for Health Care

Policy and Research. Acute pain management: operative or medical

procedures and trauma. Rockville (MD): The Agency; 1993. Clinical

Practice Guideline No.1 AHCPR Publication No. 92-0023. p.107.

Appendix 1: Levels of evidence

Classification of evidence levels

la Evidence obtained from meta-analysis of randomized controlled trials

Ib Evidence obtained from at least one randomized controlled trial.

lIa Evidence obtained from at least one well-designed controlled study

without randomization

lIb Evidence obtained from at least one other type of well-designed quasi-experimental

study.

III Evidence obtained from well-designed non-experimen1:al descriptive

studies, such as comparative studies, correlation studies and case

studies

IV Evidence obtained from expert committee reports or opinions and/or

clinical experiences of respected authorities

\* Refers to a situation in which implementation of an intervention is out of the control of the investigators, but an opportunity exists to evaluate its effect.

Appendix 2: Grades of recommendation

A Requires at least one randomized controlled trial as part of a body of literature of overall good quality and consistency addressing specific recommendation (Evidence levels la, Ib)

B Requires the availability of well conducted clinical studies but no randomized clinical trials on the topic of recommendation

(Evidence levels II a, lIb, III)

C Requires evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities. Indicates an absence of directly applicable clinical studies of good quality.

(Evidence level IV)

**From the 2002 ACT midyear board meeting minutes**

**Position Statements / Position Papers:** The gavel was passed to Seger. Tenenbein presented the written report included with the Agenda. It was moved by Erickson, with second by Phillips, to accept the procedure entitled “Production of Position Statements”. Mowry offered an amendment to insure that members of the collaborative organizations, e.g., AAPCC, ACMT, CAPCC, EAPCCT, are involved in the drafting of position statements. This was accepted by Erickson. The motion was **approved.**

Brent moved that the Board of Trustees adopt a policy that all position statements / practice guidelines have essentially an “expiration date” of five years unless renewed and that each statement / practice guideline prominently state this expiration. As part of the renewal process, each statement / practice guideline should be reviewed every two years from original issue. This was seconded by Clark. The motion was **approved.**

Scalzo moved to utilize disclaimers of the following nature on the position statements / practice guidelines:

1. they are considered current only at the time of release, and,
2. healthcare practitioners should utilize their clinical judgment in manners of clinical practice concerning individual patient care situations.

This received a second from Clark and was **approved.**

On motion from Committee, with second by Clark, the report was **accepted** and the Chair was assumed by Tenenbein.

**Reviewed by BOT: 01/22/09**