NEUR CRITICAL CARE SOCIETY

Policies and Procedures Manual

Last Revised: July 2020

PURPOSE OF MANUAL

THE NCS POLICIES AND PROCEDURES MANUAL HOUSES THE SOCIETY'S BEST PRACTICES, CORE BUSINESS PROCESS DESCRIPTIONS, METHODS AND STANDARDS FOR WHY AND HOW WORK IS PERFORMED. IT EXISTS TO ENSURE CONSISTENCY AND EFFICIENCY IN THE EXECUTION OF THE SOCIETY'S MISSION.

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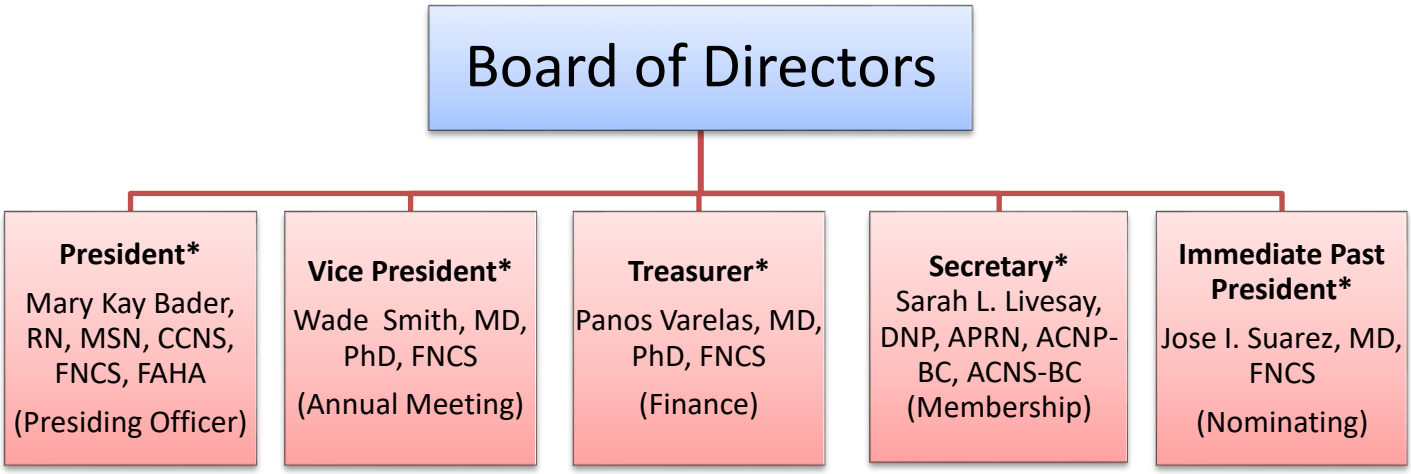
SECTION I: STRUCTURE & PURPOSE

A. NCS Board Organizational Chart



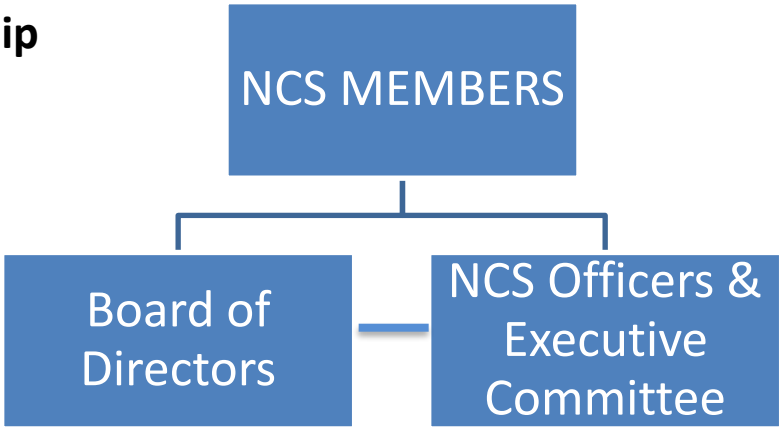
Board Members at Large

Yasser Abulhasan, MBchB, FRCPC
Jordan Bonomo, MD
Danilo Fischer, MD
Karen Hirsch, MD*
David Hwang, MD, FAAN, FCCM, FNCS
Sayona John, MD, FNCS, FAAN
Nerissa Ko, MD, FNCS
Mona Kumar, MD
John Lewin III, MBA, PharmD, FNCS*
Molly McNett, RN, PhD
Asma Moheet, MD*
Susanne Muehlschlegel
Masao Nagayama, MD
Soojin Park, MD, FNCS
Gisele Sampaio Silva, MD, MPH, PhD
Dave Seder, MD
Jeffrey Singh, MD
Eljim Tesoro, Pharm D
Susan Yeager, NP, RN, MS, CCRN, ACNP, FNCS*

Past Presidents (Ex-Officios)

Thomas P. Bleck, MD, FNCS
Gretchen M. Brophy, PharmD, BCPS, FCCP, FCCM, FNCS
Cherylee Chang, MD, FNCS
Michael Diringer, MD
Romer Geocadin, MD, FNCS
J. Claude Hemphill III, MD, FNCS
Ed Manno, MD, FNCS
Stephan Mayer, MD
Gene Sung, MD
Michel Torbey, MD, MPH, FAHA, FCCM, FNCS

NCS Leadership



Sections

1. Advanced Practice Providers
2. Ethics
3. Fellowship Directors
4. Global Members
5. NCS Members
6. Non-Neurologists
7. Nurses
8. Pediatric Neurocritical Care
9. Pharmacists
10. Physicians
11. Trainees
12. Women in Neurocritical Care

Committees

1. Advocacy
2. Annual Meeting
3. Development
4. Educational Products
5. ENLS Certification Subcommittee
6. ENLS
7. ENLS Protocols Subcommittee
8. Ethics
9. Executive Committee
10. Fellowship Directors Section Leadership
11. FNCS
12. Global Section Leadership
13. Guidelines
14. Marketing & Communications
15. Membership
16. Nominating
17. PONS Subcommittee
18. Quality
19. Research Operations Subcommittee
20. Translational Science Subcommittee

Global Partners

1. Brain R.E.S.C.U.E., Philippines
2. Canadian Neurocritical Care Society
3. Colegio Mexicano de Medicina Crítica A.C.
4. College of Intensive Care Medicine of Australia and New Zealand
5. Colombian Association of Intensive and Critical Care Medicine
6. German Society for Neurointensive and Emergency Medicine
7. Guatemalan Chapter of Neurocritical Care Society
8. Indian Society of Critical Care Medicine
9. Indian Society of Neuroanaesthesiology and Critical Care
10. International Pan Arab Critical Care Medicine Society
11. Korean Neurocritical Care Society
12. Nepalese Society of Critical Care Medicine
13. Neurocritical Care Committe of the Chinese Society of Nurology, Neurocritical Care Committe of China Neurologist Association
14. Neurointensive Care Brazilian Association
15. Panama Chapter of the Caribbean and Centroamerican Soieties of Critical Care
16. Philippine Neurocritical Care Society
17. Sociedad Argentina de Terapia Intensiva
18. Sociedad Chilena de Medicina Intensiva
19. Society of Intensive Care Medicine Singapore
20. Society of Neurocritical Care
21. Swedish Acute Neurology Society
22. The Japan Society of Neurological Emergencies and Critical Care

B. Mission, Vision, and Goals

1. Preamble: The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, neurocritical care personnel must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self. The following Principles adopted by the Neurocritical Care Society are not laws, but standards of conduct which define the essentials of honorable behavior for our members. As members, all are expected to exhibit the highest standards of honesty and integrity.

2. Mission Statement: The NCS is a multidisciplinary, international organization whose mission is to improve outcomes for patients with life-threatening neurological illnesses.

3. Our mission is to promote:
    i. **Quality Patient Care** by identifying and implementing best medical practices for acute neurological disorders that are consistent with current scientific knowledge, and that promote compassionate care and respect for patient-centered values.
    ii. **Professional Collaboration** by providing a forum for communication, collaboration, and exchange of ideas between physicians and allied health-care professionals within different specialties who care for critically-ill neurological patients.
    iii. **Research** by fostering clinical, experimental, and outcomes research focused on developing innovative and cost-effective medical and surgical interventions for acute neurological disorders.
    iv. **Training and Education** by developing standards for advanced fellowship training, program accreditation, and physician certification in the subspecialty of neurological intensive care.
    v. **Advocacy** by making the case to patients, the public, policy makers and other healthcare professionals that complex, life-threatening neurological diseases are best cared for by a multidisciplinary team with special expertise in neurocritical care.

4. The vision of the NCS is to provide and advocate for the highest quality of care for patients with critical neurological illness throughout the world.

C. NCS Professional Code of Conduct (Updated June 2, 2015)

1. GENERAL STATEMENT OF PURPOSE

The Code of Professional Conduct (COPC) of the Neurocritical Care Society (NCS) is a guideline for ethical behavior for professionals practicing the subspecialty of Neurocritical Care and for the performance of duties and activities associated with the NCS. The primary goal of this document is to promote the highest quality of Neurocritical Care framed by traditional and modern ethical standards and to reinforce the importance of professionalism in interpersonal behavior expected of all NCS members.

The COPC may be used to evaluate qualifications for NCS membership, as well as to evaluate member's maintenance of good professional standing. Violations of these provisions may serve as the basis for action as provided by the Disciplinary Policy of the NCS. The need to have a member's behavior evaluated should depend on the egregiousness of a violation and must follow a due process as outlined in the Disciplinary Policy.

NCS is not a regulatory body nor does it adjudicate legal claims brought by patients, families, or any person. The COPC is not appropriate for third parties seeking redress for alleged malpractice. Such matters should be addressed through the civil court system, just as licensing matters should be addressed by the appropriate licensing agency. Finally, if any provision of the COPC conflicts with applicable local, state or federal laws, those laws will supersede the tenants of this document. The COPC does not define or establish a community standard. The COPC is not intended, nor should it be used, to support a cause of action, create a presumption of a breach of legal duty, or form a basis for civil liability.

2. PERSONAL BEHAVIOR

Members shall be dedicated to achieving the standard of care within the purview of their skill set and will not engage in activities that are inconsistent with a balanced approach to accepted ethical principles[1], especially any activity that may not be in the best interest of their patient. Members of the NCS shall restrict their practice to what they are competent to deliver based on training, experience, and reasonably attempt to practice evidence-based medicine. Members shall be involved in continuing education activities in order to keep current with new technology and scholarship in neurocritical care. Additionally, they should pursue, obtain and maintain formal credentialing relevant to their area of practice.

[1] *Autonomy, beneficence, nonmaleficence, and justice (Beauchamp TL, Childress JF. Principles of Biomedical Ethics. New York: Oxford University Press; 2009*

Members shall only provide care if they are in a state of physical and mental well-being such that they would not be considered impaired by their local health care employer. This includes, but is not limited to, the abuse of alcohol or other substances. Should this occur, he or she should participate in appropriate treatment and should accept the recommendations of his or her institution's process for evaluating impaired professionals.

If a member has concerns about the professional competence of a colleague, he or she is encouraged to raise such concerns with the individual. All members are also expected to follow the reporting requirements of their state's or local jurisdiction's professional practice standards. Members should observe applicable jurisdictional laws including cooperating with lawful requests from local, state, or federal agencies; insurance companies; and other government agencies within the constraints of patient privacy and confidentiality. Members should conduct their duties and maintain professional conduct regardless of a patient's or colleague's gender, race, ethnicity, religion, nationality, or sexual orientation.

3. THE PROVIDER-PATIENT RELATIONSHIP

The provider-patient relationship forms the foundation of the practice of Neurocritical Care. This is a fiduciary relationship, and as such, the provider must take upon themselves the medical concerns of the patient as if they were their own. The patient entrusts their well-being to the provider and consequently he or she has an obligation to endeavor to be worthy of that trust. This includes the obligation to obtain the uncoerced informed consent of the patient or their appropriate surrogate decision maker to support the right of self-determination in health care (autonomy). Knowledge or authority gained during a patient interaction may not be used for the benefit of the provider if it is also to the detriment of the patient.

If a provider and patient (or their surrogate) cannot agree on an appropriate course of action, the local institution's policy on resolution of potentially inappropriate care should be followed and care should be continued until a consensus has been reached. If a transfer of a patient is requested or required, the provider shall continue to provide care to the patient until another provider has taken responsibility.

Appropriate communication with the patient, their family, and consultation with colleagues is expected from members of NCS. If a medical issue requires the expertise of another provider, the assistance will be pursued as appropriate. In case of an unanticipated resource crisis, care should be provided based on immediacy of need. Members ought to do their utmost to ensure dignity in dying including providing relief of pain and suffering.

4. RELATIONSHIPS WITH OTHER MEMBERS

Members shall respect all other members as equal colleagues regardless of their background or achievements. This includes accepting the validity of different opinions and the commitment to growing through active listening and consensus building. When we disagree, it should be our arguments that conflict and not our personalities. Ad hominum attacks will not be permitted. Perpetuating rumors that have no foundation is unworthy of a member of the NCS.

Sexual harassment is unacceptable. Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature may create an intimidating, hostile or abusive environment that is antithetical to the vision and mission of NCS. This includes behavior that may occur in the context of an official NCS function or at other 3 times. Examples might include sexual pranks, jokes or innuendo whether in person or via e-mail (especially when this may involve a senior member or have active or potential formal or informal mentor-mentee relationship). Intoxication which raises the risk of sexual harassment is to be avoided. Should a member have the opportunity to constructively work with colleagues to help avoid or defuse interactions that might constitute sexual harassment, each member is encouraged to do so.

NCS strives to provide mentor-mentee relationships as part of its educational mission. These relationships must be treated with respect and solemnity. Explicit agreements between mentors and mentees are encouraged. A mentor should not ever exploit the work or talent of a mentee nor represent a mentee's work as his or her own.

Members are encouraged to participate in peer-review activities to promote the best care for their patients. Members should not unjustifiably criticize a colleague's judgment, training, knowledge, or skills; however, members should not knowingly ignore a colleague's incompetence or professional misconduct. To this end, members shall be responsible for helping their colleagues maintain a high level of performance and integrity in their delivery of health care.

5. EXPERT TESTIMONY

In keeping with established standards of expert testimony, a member called upon to provide expert medical testimony should testify only about those subjects of which the member is qualified as an expert.[2] Before providing testimony, the member should carefully review the relevant records and facts of the case, as well as the prevailing standards of practice as available in applicable and/or local guidelines. In providing testimony, the member should provide scientifically correct and clinically accurate opinions, and the testimony shall be consistent with standards of care within the field of neurocritical care. A member shall not represent their personal opinion as reflective of the position of

[2] *(2 Sanders J. Expert Witness Ethics. Fordham L Rev. 2007;76(3):1539. 4)*

the NCS when this opinion differs from position statements of the NCS. Members shall cooperate with members of the legal profession in order that justice with mercy and compassion shall prevail in accordance with the law. Members should recuse themselves from cases in which they feel an ethical or moral conflict of interest or if it is found that they are not the appropriate expert in a given case, even if this realization occurs during the course of the case when not initially apparent. Compensation for testimony should be reasonable and commensurate with the time and effort spent and must not be contingent upon outcome. In the event that members of the NCS serve as experts on opposing sides of legal action, every attempt to ensure that there are no personal conflicts of interest should be undertaken and members are encouraged to reach out to the board of the society if advice is required.

6. RELATIONSHIPS WITH INDUSTRY AND OTHER CONFLICTS OF INTEREST

Collaboration between healthcare professionals and the pharmaceutical and biotechnology industry can help develop Neuro Critical Care education and scientific knowledge. Multiple motivations are present in these relationships; therefore, a clear policy is needed to ensure ethically appropriate behavior. In addition to conflicts of interest that affect professional practice outside of NCS, a conflict of interest may exist whenever a member is in a position to directly or indirectly benefit himself or herself, a family member(s), other individuals, or another organization with which the individual is affiliated through the use of their role in the NCS. To this effect, members who are not company employees shall refrain from publicly endorsing a company's products or services if they may be construed as representing the opinion of the NCS.

Members should not represent themselves to the public in an untruthful, misleading, or deceptive manner. Members who make written or oral public statements concerning a company's product from which they receive compensation or support or in which they hold a significant equity position have a duty to disclose their financial relationship with the company in that public setting. In all professional settings in which an appropriate request is made to the member to disclose conflicts of interests, all actual or potential conflicts of interest shall be disclosed, whether they are financial or otherwise and whether or not they are deemed by the member to be relevant to that interaction.
The NCS requires that all personnel involved in relevant society activity will disclose any and all potential conflicts of interest. The BOD may also choose to not appoint an individual as a member of a committee or subcommittee if a significant conflict exists relevant to that group's function. The relationships that will be assessed include: having stock or stock ownership, compensation for expert testimony, being a pioneer or having any direct or indirect compensation or financial support. If an individual refuses or otherwise fails to disclose conflicts of interest, he or she may be recused from the participation in activities within the NCS.

The Ethics Committee may act in an oversight manner to help determine whether a conflict exists, resolve conflicts of interest, or organize its own subcommittee to review and resolve conflicts of

interest that arise and are not resolvable at the committee level. The NCS President may assign additional members to such a subcommittee that do not have any relationship with the potential source of the conflict of interest.

Every member has a duty to report to the NCS BOD or the Ethics Committee if they suspect unresolved violations of conflict of interest on the committee on which he or she serves. This conflict of interest policy is intended to encourage and enable members to raise concerns related to conflict of interest within the organization for investigation and appropriate action. With that goal in mind, no member who in good faith reports a concern shall be subject to retaliation and anyone believed doing so is subject to corrective action per the Disciplinary Policy. A conflict of interest may also arise whenever a covered member's activities are in opposition to, detract from, or in some manner might become detrimental to the purposes of the NCS as described in its articles of incorporation, bylaws, mission statement, or policies and/or procedures.

7. ETHICS OF RESEARCH

Members engaged in research must abide by the Federal Code of Regulations for the Protection of Human Research Subjects. Members must obtain appropriate approval for their research protocol through the local Institutional Review Board (IRB) or another comparable body and must comply with their oversight. Members conducting research on behalf of sponsoring entities and who receive payment for enrolling or treating subjects in a clinical research project should inform the subject of any compensation received or to be received for the subject's participation.

8. ETHICS OF SCHOLARLY PRODUCTION

Members should publish research results truthfully, completely, and without distortion, including studies resulting in negative or unexpected findings. In reporting research results to the news media, members should make statements that are clear, understandable, and supportable by the facts. Members should disclose if results of research are being released before appropriate peer review. Members should claim authorship as defined by standard published and accepted guidelines. Scholarly work includes, but is not limited to, work that presents research findings or carries recommendations for diagnosis, treatment, or prevention of medical conditions. In addition, the NCS encourages the members to participate in the creation and development of creative and useful works in connection with their service to the NCS. Scholarly work produced to represent the consensus opinion or on behalf of the NCS shall be owned by the NCS.

9. INCOME AND REIMBURSEMENT DURING THE PRACTICE OF NEUROCRITICAL CARE

A member shall only receive compensation for services he or she actually delivers or directly supervises. Division of income among members of an organized group of members, based on the value of the services performed by each member, as determined by group members, is appropriate.

Members shall be honest in financial dealings with patients, insurance agencies, and health care financing agencies and shall provide accurate, complete, and timely information to those agencies. Members shall respond appropriately to requests for medical reports from private and governmental agencies involved in reimbursement and compensation for medically related services with the consent of the patient or the patient's agent or as otherwise provided by the law. Note: Portions of this Code were modified or adapted from the following codes of professional ethics and professional conduct: -

American Academy of Neurology –
American Academy of Neurological Surgeons –
American College of Physicians –
American Medical Association –
Society of Critical Care Medicine –
Council of Medical Specialty Societies

Revised in July 2, 2015: Contributors: Michael Rubin, MD, MA; Jordan Bonomo, MD; Barak Bar, MD; Edward Collins, NP; Salvador Cruz-Flores, MD; Rachel Garvin, MD; Scott Glickman, PhD, DO, MPH; Jonah Grossman, MD; Galen Henderson, MD; Tom Lawson, NP, NCC; Dea Mahanes, CCNS, CCRN, CNRN, RN, MSN; Jessica McFarlin, MD; Sarah Monchar, PA; Harry Peled, MD, FACC; James Szalados, MD, JD, MBA.

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D. Leadership Code of Conduct

All NCS Officers, Board Directors, Committee Chairs and members agree to abide by the NCS Leadership Code of Conduct and are expected to sign the Leadership Code of Conduct form on an annual basis. Violations of the Leadership Code of Conduct (LCOC) may warrant evaluation per the Disciplinary Code depending on the egregiousness of the action.

1. **Virtues of Leadership**
    i. My role as a leader is not a right that I have earned, but a privilege bestowed by my colleagues to allow me to serve them and our mission. I am the servant of the NCS members, not their master. I pledge to advocate for the welfare of our Society and its members.
    ii. I will lead by example knowing that the Society's staff and other volunteers will be affected by the culture I help create. I pledge to always be an example of dedication, integrity, professionalism, and frugality for staff and other volunteers.
    iii. In order to fulfill my fiduciary responsibility to the membership, I must be fully knowledgeable about the Society. I pledge that I will read and understand the bylaws, policies, financial reports, committee reports, meeting agendas and supporting documents pertaining to my role in the NCS leadership. I will devote the time necessary to contribute to meetings and conference calls.
    iv. I understand that it is a violation of my fiduciary responsibility to the membership to appropriate to myself opportunities that rightfully belong to the Society as a whole or to other members of the Society.
    v. In performing my responsibilities for NCS and in all NCS activities in which I participate, I shall conduct myself in such a manner that brings respect and honor to our Society. I pledge I will be an enthusiastic advocate, cheerleader and booster of the NCS.
    vi. Much of the success of the NCS will depend on group dynamics. As such, I shall welcome diverse points of view and feel free to disagree without being disagreeable. I will discuss issues, not personalities and I will avoid ad hominem attacks on my colleagues.
    vii. I understand that a leadership position is my opportunity to make a lasting contribution to my Society, to the Neurocritical care community it represents and to the membership. I pledge that I will work to leave the Society better, stronger and more fiscally sound that I found it at the start of my service.
    viii. I will avoid interactions with other members or NCS guests that might constitute sexual harassment and will use my leadership position to promote equanimity and collegiality among NCS members, guest and colleagues.

2. **Conflict of Interest**
    i. I agree to annually disclose in writing any potential or actual conflict of interest or any financial relationship exceeding $500 to the Secretary of the Society.
    ii. In the event a Leader's NCS duties come into conflict with such interests, they must so declare to the Committee or other body on which they are serving and recuse themselves from voting on the relevant matter.
    iii. I understand that the President and the Chair of the NCS Ethics Committee will jointly review all disclosures of potential and actual conflicts of interest at the annual meeting. If in their view a Leader has not adequately recused themselves voluntarily from a situation in which there is a conflict of interest, they will first bring it to the attention of the Leader and if still unresolved will follow the process described in the Disciplinary Policy.

3. **Self-Reporting**
    i. I agree to self-report any significant sanction or violation of law to the President that they believe may violate the Code of Professional Conduct or the Leadership Code of Conduct.
    ii. I understand that voluntary self-reporting will be taken into account if the Disciplinary Policy is activated.

4. **Board Members and Officers Only**
    i. I have a fiduciary responsibility to the membership to oversee the finances of the NCS. I pledge that I will make myself aware of Society non-profit accounting principles, read and understand the Society's financial reports, and obtain any information I need from the staff to fulfill this obligation.
    ii. I understand that funds contributed to NCS through the dues of members and by other donors shall be used to further the mission of NCS, and not for personal benefit of the members of the Board. I understand that the expenditure of funds on luxuries for Board Members for travel, meals, accommodations, gifts and other special perks is not permitted.
    iii. Meetings of the BOD shall presume transparency and full disclosure; however, there may be issues discussed at Board meetings, which could be damaging to individuals or the Society if publicly disclosed. These items will be discussed in a confidential executive session. If clarification is required, I will seek the counsel of the President or other BOD member; alternatively, I will seek the confidential advice of the Chairs of the NCS Ethics Committee regarding the ethics of disclosure.
    iv. I understand that antitrust violations could cause great harm to the Society and to individual Board members. I pledge that I will not participate in any action, meeting or discussion that I believe could, or have been advised by staff or Society counsel give the appearance of being a potential anti-trust violation.

v. It is the Board's responsibility to set the strategic direction for the NCS, to establish policies relating to ends, means and executive limits, to allocate resources and monitor financial performance, and to hire and oversee the chief staff executive. I pledge I will devote myself to helping the Board fulfill these strategic responsibilities.

Contributors: Michael Rubin, MD, MA; Jordan Bonomo, MD; Barak Bar, MD; Edward Collins, NP; Salvador CruzFlores, MD; Rachel Garvin, MD; Scott Glickman, PhD, DO, MPH; Jonah Grossman, MD; Galen Henderson, MD; Tom Lawson, NP, NCC; Dea Mahanes, CCNS, CCRN, CNRN, RN, MSN; Jessica McFarlin, MD; Sarah Monchar, PA; Harry Peled, MD, FACC; James Szalados, MD, JD, MBA.

E. NCS Disciplinary Policy

This policy and membership actions taken pursuant to it are binding upon the NCS (NCS) and its members and applicants pursuant to NCS Bylaws, Article II, Section 7(c).

INTENT OF POLICY: This disciplinary policy in intended to provide a means of enforcing the standards of professional conduct that are expected of members of the NCS. Use of this policy must be done with an extreme amount of caution and generally only when other attempts to help reform the behavior of members of the NCS have failed. Use of this policy for minor infractions will not be tolerated and will be protected against by the multiple stakeholders involved in the process before a final action can be taken.

1. **GROUNDS FOR DISCIPLINARY ACTION**
   Members of and applicants to the NCS shall be subject to disciplinary action as set forth in this Policy on any of the following grounds: A. Violation of the NCS Articles of Incorporation or Bylaws; B. Willful falsification of information supplied to the Society for election to membership; C. Professional or personal misconduct that has the potential for negative impact on the NCS as delineated in the Code of Professional Conduct and the Leadership Code of Conduct D. Conviction of, or entering a plea of guilty or no contest to, a felony or with respect to any crime involving the practice of medicine, nursing, pharmacy or allied health care E. Failure to cooperate with this disciplinary process.

2. **INITIATION OF DISCIPLINARY ACTION**
   Secretary of the Investigation. Any person may provide information to the NCS about the professional or personal conduct, performance or competence of any of its members. While all claims are subject to close scrutiny by the President, anonymous claims will be handled with due prejudice. All matters which may constitute grounds for disciplinary action shall be referred to an ad hoc investigation committee appointed by the President comprised of 5 impartial NCS members, including a member identified as the Secretary of the Investigation. Each matter that is preliminarily substantiated through information obtained by the ad hoc investigation committee shall be subject to further full course

investigation. If the Vice President is informed of information that may constitute grounds for disciplinary action in regards to the President, then he/she shall create the ad hoc committee.

Investigation. Promptly upon preliminary substantiation, the ad hoc investigation committee shall conduct an initial investigation. The member against whom a claim has been made shall be formally notified, with proof of receipt of notice, that an investigation is being conducted. The member in question shall be afforded the opportunity to provide any information that they wish to the ad hoc investigation committee in a manner that the committee deems appropriate. The ad hoc investigation committee may, but is not obligated to, conduct interviews with persons involved; however, such investigation shall not constitute a "hearing" as that term is used in this policy, nor shall the procedural rules with respect to hearings or appeals apply. The ad hoc investigation committee may seek outside assistance if they deem it necessary to formulate a recommendation. The investigation and subsequent recommendations must be based on a reasonable amount of evidence and should continue until the members of the investigation committee believe an adequate amount of information has been obtained.

Recommendation Following Investigation. Expeditiously after the conclusion of the investigation, the committee shall provide both the Executive Committee and the involved NCS member with a written position and recommendation for action, which may include, without limitations:

i. Determining that no disciplinary action be taken and, if it determined there was no credible evidence for the initial complaint, removing any reference to the event from the member's file
ii. Deferring action, for a reasonable period of time, when specific circumstances warrant a delay, such as if further follow up information is needed to produce a final recommendation
iii. Issuing letter(s) of censure, to which the affected member may make a written response which shall be placed in the member's file
iv. Recommending the imposition of terms of probation or special limitation upon continued membership including, without limitation, requirements for monitoring
v. Recommending suspension, denial or expulsion of membership
vi. Taking other actions deemed appropriate under the circumstances

3. HEARING ON ADVERSE RECOMMENDATION

i. Notice of Proposed Action. If the recommendation of the ad hoc investigation committee is other than no required action on the part of the NCS; formal notice of proposed action shall include the following elements:
    1. The accusation against the member
    2. That membership in the society may be jeopardized as a result of the accusation
    3. That the member has the right to request a hearing before a panel to be designated by the President as described below

4. The time limit within which he or she must request a hearing on the accusation, which may not be less than thirty (30) days from the date of the notice of investigation review;
5. A summary of the member's rights in the hearing
6. That action affecting membership, if taken, may be reported to relevant state medical boards and licensing authorities and the National Practitioner Data Bank.

ii. Notice of Hearing. If a member requests a hearing in a timely fashion, the NCS shall give the member notice of the hearing stating:

1. The place (including via conference telephone or similar means), time and date of the hearing which date shall not be fewer than thirty (30) days or more than sixty (60) days after the notice of the hearing
2. The names of any witnesses expected to testify against the member
3. A request that the member provide a list of witnesses testifying on their behalf at least ten (10) days prior to the hearing
4. That the member's failure to appear for the hearing shall constitute waiver of hearing rights, but not an admission of wrongdoing, if the member's failure to appear was without good cause

iii. Conduct of the Hearing

1. The hearing shall be conducted before a panel of no less than 5 members to be designated by the President, and shall be comprised of NCS members who have not participated in any process involving the allegations and who have no relevant conflict of interest with the process or involved parties. The determination of relevant conflict of interest will be made by the President. The hearing will be closed to media, press and the general public. Members of the board, the Chairs of the NCS Ethics committee and parties relevant to the process may be present. The President may elect to appoint an independent attorney, who shall be neither the member's nor the NCS's counsel, to serve as hearing officer without vote, or may appoint a hearing officer with vote from NCS membership. The allegations against the member shall be brought forward by a representative of the ad hoc investigation committee. The member shall respond to the allegations. In the case that the President is the member undergoing the Hearing, the Vice President shall perform the functions described herein that are otherwise of the President. At the hearing, the member has the following rights:
    a. To representation by an attorney or other person of his/her choosing
    b. To have a record made of the hearing and to have copies of the record available upon payment of reasonable charges

c. To call, examine and cross-examine witnesses[3]
d. To present evidence determined by the hearing officer to be relevant even if such evidence would not be admissible in a court of law; and
e. To submit a written statement to the hearing panel at the close of the hearing. The standard of proof to sustain a charge shall be a preponderance of the evidence.

iv. Hearing Panel Decision. After the hearing is concluded, the member has the right to receive the hearing panel's written report and recommendation(s) of action to the Executive Committee, including the hearing panel's basis for its recommendation(s), within twenty (20) days of the decision.
    1. NCS cannot mandate the presence or participation of any particular witness, and the failure of a witness to appear for examination or cross examination shall not be deemed a violation of rights of the member or a basis to challenge the outcome of the process. In the case of a member physician who has been found to have carried out an action of concern with relevance to a medical or licensing board, or the ethical and/or legal practice of medicine, the text of the report to the National Practitioner Data Bank and to the relevant state medical board or licensing entity, if any, shall accompany each copy of the decision. The member shall simultaneously be notified of the opportunity to appeal the hearing panel decision to the Council within thirty (30) days of the date of the hearing panel.
v. Final Action in the Absence of Appeal.
    1. The hearing panel decision is not the final action of the NCS. The Executive Committee may adopt or reject the hearing panel recommendations, but only after all rights to appeal are exhausted or waived.
    2. Upon notice to the Secretary that the member waives the right to appeal to the Executive Committee or upon the thirty-first day following the date of the hearing panel's decision, the decision of the hearing panel shall be forwarded to the Executive Committee for final action at its next scheduled meeting.
    3. The Executive Committee's decision shall be in writing, shall state the basis therefore, and shall be the final action of NCS. The written decision shall be immediately sent to the member by certified mail. The text of the NCS's proposed reports to the National Practitioner Data Bank and to the relevant state medical boards, if any, shall accompany each copy of the decision.

[3] *NCS cannot mandate the presence or participation of any particular witness, and the failure of a witness to appear for examination or cross examination shall not be deemed a violation of rights of the member or a basis to challenge the outcome of the process.*

4. APPEAL

Appeal of Hearing Panel Decision. The member may appeal a decision of the hearing panel by filing an appeal with the Secretary of the NCS within thirty (30) days of the hearing panel decision.

Notice of Hearing on Appeal. The Secretary shall notify the member of the time, place and date of the hearing on appeal, which date shall not be fewer than thirty (30) days nor more than sixty (60) days after the date of the notice of hearing on appeal.

Conduct of Hearing on Appeal.

i. The appeal shall be heard by the Executive Committee; however, any member of the Council who has a relevant conflict of interest, perceived or real, with the member or has participated in any process involving the allegations against the member shall not be entitled to participate in the appeal hearing, deliberations or decisions. Further, the fact that one or more members of the Council are unable to attend the hearing shall not invalidate, or be a basis to challenge, the decision of the Council.
ii. Both the member and the ad hoc investigation committee shall have the right to be represented by counsel, to present arguments, and to submit written statements at the close of the hearing on appeal. No new evidence may be presented by either party unless the evidence could not have been presented at the original hearing, as determined by the hearing officer. A hearing may be held in-person, by conference telephone, or other means as determined by the Council.

Council Decision On Appeal. Within thirty (30) days of the conclusion of the appeal hearing, the Council shall issue a written decision, stating the basis therefore, which shall be immediately sent to the member by certified mail or other means deemed effective by the Society. In these cases where the action concerned by a physician, would be of interest to a medical board, the Society's proposed reports to the National Practitioner Data Bank and to the relevant state medical and licensing boards, if any, shall accompany each copy of the decision.

5. REPORTING FINAL ACTIONS

NCS's action shall not be considered to be final until all appeal rights have been either exhausted or waived.

The applicant or member shall receive notice of an opportunity to meet with the NCS President, or his or her designee, and the Legal Counsel of NCS at the discretion of the NCS's President to review and discuss the text of the reports (from section IV D above) before the reports are filed. The applicant or member shall be informed, where applicable, that the National Practitioner Data Bank report shall be

sent to the Minnesota Board of Medical Practice and any state report required shall be sent to the relevant state board no later than fifteen (15) days after the date the report became final.

6. SUSPENSION OF INVESTIGATIVE OR APPEAL PROCESS

NCS may decline to initiate the process described in this Policy, or the process described in this Policy may be suspended at any time by NCS if the matter at issue in this process is pending in another forum, or if NCS believes the matter should instead be pursued in another forum, including, but not limited to, any court, state licensing board or other governmental agency, until the matter is resolved in the other forum

7. CONFIDENTIALITY AND INDEMNITY

Absent exigent circumstances as determined by NCS, investigations and proceedings prior to final disposition, as well as information made available to NCS during the course of an investigation review or hearing shall be confidential and shall not be disclosed except as necessary to conduct of an effective investigation, hearing, and appeal. All NCS members serving on an ad hoc investigating committee and Executive Committee shall act in good faith, and, to the extent that their obligations are carried out in good faith, shall be fully indemnified, held harmless by NCS, and supported legally by the NCS should the member decide to pursue legal action against an individual member of the ad hoc investigating committee or Executive Committee

8. AMENDMENT TO THE INVESTIGATIVE REVIEW POLICY

This policy shall be subject to amendment by action of the Board of Directors.

9. DEFINITION OF TERMS

The following terms appear in this Disciplinary Policy:

i. NCS: The Neurocritical Care Society
ii. Ad hoc investigation committee: an ad hoc committee of 5 members of the Society appointed by the President of NCS to investigate and substantiate and claim brought against a member.
iii. Secretary of the Investigation: appointed by the President of the Society to lead the ad hoc investigation committee
iv. President: the President of the NCS
v. Member: the member against whom a claim is being brought
vi. Hearing Officer: Legal counsel, appointed by the President, to serve on the hearing committee and ensure compliance with relevant procedures and the conduct of the hearing

10. MISCELLANEOUS

All time periods and time limits set forth in this Policy are aspirational and may adjusted by the Society in the interests of due process.

All notices to be provided by the Society may be provided in any reasonable manner that the Society determines, including email.

Any matters that arise that are not addressed in this Policy shall be within the discretion of the Society.

Adopted by the NCS BOD: June 2, 2015
Amended by the NCS BOD: October 9, 2017
Contributors: Jordan Bonomo, MD; Michael Rubin, MD, MA; Barak Bar, MD; Edward Collins, NP; Salvador CruzFlores, MD; Rachel Garvin, MD; Scott Glickman, PhD, DO, MPH; Jonah Grossman, MD; Galen Henderson, MD; Tom Lawson, NP, NCC; Dea Mahanes, CCNS, CCRN, CNRN, RN, MSN; Jessica McFarlin, MD; Sarah Monchar, PA; Harry Peled, MD, FACC; James Szalados, MD, JD, MBA

SECTION II: MEMBERSHIP

A. Membership Types

The NCS shall have three classes of members, designated as *full, junior*, and *honorary* members.

1. *Full members.* For eligibility as a full member of the Society an individual must be a physician, nurse, pharmacist, advanced practitioner, or other professional who has an interest in neurocritical care and/or participates in the management of critically-ill neurological patients.
2. *Junior members.* For eligibility as a junior member in the society an individual must be a physician, nurse, pharmacist, advanced practitioner, or other professional holding a residency or training position in neurocritical care setting who has demonstrated an interest in neurocritical care.
3. *Honorary members.* Honorary Members are those who, by reason of professional qualifications and contributions to the field of neurocritical care are deemed worthy of such selection to membership of the Society.

B. Dues and Renewal

Yearly membership dues are prorated beginning June 1st. Full year rates are as follows:

1. Physicians who:
    i. Reside in the US and countries not listed on the International Rate Guide - $325/year
    ii. Reside in Group A countries on the International Rate Guide - $215/year
    iii. Reside in Group B countries on the International Rate Guide - $50/year
2. Healthcare Professionals, Pharmacists, Physician Assistants, Nurses who:
    i. Reside in the US and countries not listed on the International Rate Guide - $160/year
    ii. Reside in Group A countries on the International Rate Guide - $50/year
    iii. Reside in Group B countries on the International Rate Guide - $25/year
3. Residents, Fellows, and Students who[4]:
    i. Reside in the US and countries not listed on the International Rate Guide - $130/year
    ii. Reside in Group A countries on the International Rate Guide - $95/year
    iii. Reside in Group B countries on the International Rate Guide - $20/year
4. Industry Professionals: $315/year. Member type does not include complimentary job postings on the NCS website
5. Military personnel receive a 20% discount with proof of service.
6. Global partners receive a 40% discount excluding those residing within a Group B country.

[4] *Note to all residents, fellows, and students: You must submit verification from your Program Director to the NCS office by email at info@neurocriticalcare.org.*

C. The Process for Soliciting Membership Renewals

1. Last week of April, email is sent to members alerting them to watch for dues renewal invoices next week.
2. May 1 – Renewal invoices are sent via email.
3. Monthly reminders are sent via email to those who have not yet renewed dues.
4. In addition, invoices are sent by mail to those who have not yet renewed on June 1 via US mail requesting remittance by June 30. If dues are not received by June 30, website access and journal mailing will be suspended.
5. Non-Payment of Dues:
    i. Follow-up letters are sent to members who have not renewed letting them know that journal access will be removed and their membership will be discontinued if they do not renew.
    ii. If the member does not pay the delinquent dues within two months, that person's membership will be terminated.
    iii. The member may petition the Executive Committee in extenuating circumstances.

D. FNCS Credential

1. **FNCS**

   The NCS offers a program that denotes "letters" to recognize exceptional service, academic excellence, and leadership in the field of Neurocritical care. This program is called Fellow of NCS (FNCS). Individuals who meet the requirements of this Fellowship will add the letters, FNCS, to their respective titles.

2. **REQUIREMENTS/CRITERIA**

   i. Applicant must be an active member of the NCS for a minimum of 5 years.
   ii. Applicant must have participated in at least 5 national or international medical society based conferences with a neurocritical care focus, with a minimum of 2 of these being the NCS Annual Meeting. Meetings attended must be detailed on the application.

3. **FORMS TO BE COMPLETED**[5]

   i. Completed application form
   ii. Current curriculum vitae
   iii. A personal statement outlining the applicant's reasons for applying 4.3.4 A copy of the applicant's primary certification which must be completed and up to date, i.e., Board certification in medical, nursing, pharmacy, respiratory therapy specialty.
   iv. Three written letters of recommendation, one of which must be from a professional that is not your specialty (i.e. Nurse, Physician, Pharmacist, etc.). All letters must be from active NCS members outlining why the applicant should be accepted as a fellow. It is the responsibility of the applicant to ensure these letters are sent to the NCS Executive Office in a timely manner.
   v. Global Partners

[5] *See Appendix II*

E. Global Partners[6]

The NCS has 5 International Regional Chapters in the following regions: Asia (1), Europe (2), Mid-East/Africa (3), North & Central America (4), and South America (5). Each Regional Committee will be comprised of representatives from partnering organizations.

1. APPLICATION PROCESS

A letter of intent is written by the respective society. The letter along with the required criteria below can be submitted via email to the Executive Office at info@neurocriticalcare.org. The request is submitted to the NCS Executive Committee for review. The average turnaround time is 2-3 weeks. Upon approval, the NCS will issue a letter of acceptance and a certificate of the partnership.

2. CRITERIA

i. Comprised of International partnered Societies who have a focus on Neurocritical Care.
ii. Society has a minimum of 25 members.
iii. At least 5 members must be active NCS members. If the society has more than 50 members, than 10 members must be active NCS members.

3. LIST OF CURRENT GLOBAL PARTNERS

i. A list of current global partners will be maintained by the executive office and posted on the NCS website

4. **REPORTING**

The NCS Executive Committee may require regular reporting from the Regional Chapters and Global partners in order to facilitate communication and inform the membership on the activities.

[6] Refer to Appendix III for Application

F. Honorary Membership and Lifetime Achievement Awards Process

1. HONORARY MEMBERSHIP

In the Policy and Procedure Manual, Honorary Members are defined as: those who, by reason of professional qualifications and contributions to the field of neurocritical care are deemed worthy of such selection to membership of the Society (page 24). It also states that it is the Secretary's responsibility to Nominate individuals for Honorary membership in the society as delineated in the bylaws (page 37). Honorary members may elect to receive complementary Annual Meeting Registration (page 68). Current Honorary Members include: Allan Ropper, Matt Fink, Dan Hanley, Tom Bleck, Nino Stocchetti, Werner Hacke, Claudia Robertson and David Menon.

i. *Proposed Process*. The NCS identifies up to one person annually who meets the following criteria:
    1. Has extensively published original manuscripts, book chapters or other documents pertinent to NCC, or
    2. Has extensively improved the quality or standards of NCC delivery and improved the outcomes of NCC patients, or
    3. Has extensively advocated for NCC to the patients, the public or the policy makers, with tangible results.

ii. The Secretary presents a slate of candidates to the Membership Committee for a vote. If approved by majority, the Secretary contacts this person and gets his/her approval. Then the candidate's name is presented to the Executive Committee and after that in the March BOD meeting. If approved by more than two thirds majority, the candidate becomes Honorary Member of the NCS and is presented with a Certificate at the Awards ceremony of the Annual Meeting.

2. LIFETIME ACHIEVEMENT AWARD

The LTAA may represent the highest honor bestowed by NCS.

i. *Proposed Process*: We propose a Lifetime Achievement Award which should be given to particularly remarkable candidate in recognition of his or hers outstanding contributions to the mission of the Neurocritical Care Society or to the advancement of its goals, with work that spans decades and is widely acknowledged as above the usual devotion to the advancement of the field.

ii. The Board of Directors identifies not more than 1 person every 1 to 3 years that meets the following criteria:
    4. Has contributed to the field of NCC for more than 30 years

iii. The Secretary may identify the candidate through a process that includes 1) a letter of nomination from a BOD member detailing the nominee's qualifications for the award and describing the individual's accomplishments relative to the award criteria and 2) the nominee's

current curriculum vitae (which might be requested directly from the candidate).This nominating BOD member must be practicing outside the nominee's current practice site/institution. Self-nominations are not permitted.

iv. The Secretary presents this candidate to the Membership Committee. If approved by majority, the candidate's name is presented to the Executive Committee and after that in the March BOD meeting. If approved by more than two-thirds majority, the candidate is presented with a LTAA Certificate at the Awards ceremony of the Annual Meeting.

v. An Award named by this LTAA awardee is presented every 3 years to a member of the Society meeting criteria similar to the Cristanne Wijman Award.

G. Meeting Endorsements

1. An NCS member, external society, or global partner requests endorsement
2. Staff sends the endorsement application
3. Requester returns completed application
4. Staff vets meeting to ensure it does not compete with NCS AM, Regional meetings and aligns with requirements for quality a meeting by using the checklist below:

Meeting Endorsement Review: The following criteria may serve as reasons to decline endorsement

- ☐ Conference/society is too broad in scope. Example: Association for Development of Teaching, Education and Learning
- ☐ Titles mimicking genuine meetings but are off in a way. Example: Tissue Conference instead of Tissue Engineering Conference.
- ☐ The registration fees are higher than typical in the field or presenter fees are higher than regular participation fees
- ☐ Abstracts are accepted within a week, with limited or no review
- ☐ Nonsense or hoaxed abstracts are accepted
- ☐ Contact details are missing, contact with phone is impossible, no name/surname listed as contact person
- ☐ Great amount of spelling/grammar mistakes, unnatural use of English
- ☐ Presence of ads unrelated to the meeting or field

5. Staff inputs information from application into the Endorsed Meetings Tracking Sheet
6. Staff sends an email to the officers to provide feedback vote to approve the meeting. NOTE: All endorsement requests received by staff within a 30-day period will be sent to the EC at the end of each month to limit the volume on emails the EC receives. There will be an exception to this rule if a meeting request needs a response inside of 30 days.
7. The EC will provide a response within three business days.
8. Staff tallies vote on each meeting endorsement to determine whether endorsement is approved.
9. Staff prepares a letter under the name of the board president with the results of the vote and sends to requester, whether approved or rejected.
10. If approved, staff posts endorsement on website
11. Staff uses social meeting to discuss approved meetings (i.e., Twitter, Facebook, Instagram, NCS Online Community)

H. Past Presidents at Board Meetings

1. All BOD agendas will be circulated to all Past Presidents for review and comments.
2. The EC will work with the past presidents to determine five Past Presidents to attend in-person BOD meetings based on the content of the agenda and who has the most knowledge to contribute to the conversation.
    i. NOTE: The Bylaws remain in effect because they state that BOD meeting attendance is discretionary for Past Presidents.

SECTION III: BOARD OF DIRECTORS

A. Definition as per the Bylaws Article III

1. The Society shall be managed by the BOD. Each Director shall be at least 18 years of age.
2. The BOD shall consist of not less than seven nor more than 30 members. The number of directors to be determined from time to time by resolution of the BOD or by action of the full members, provided that no decrease in the number of directors shall shorten the term of any incumbent director.
3. By resolution of the Board February, 2005, the Immediate Past President will serve on the BOD.
4. Quorum
    i. A majority of the BOD shall constitute a quorum for the transaction of business.
    ii. A majority of the directors present, whether or not a quorum is present, may adjourn any meeting to another time and place without notice to any director.
5. All Past-Presidents (except the Immediate Past-President) will be ex officio (non-voting) members of the BOD and will have the right to attend BOD meetings at their discretion

B. Term of Directorship

1. The term of a director shall be four years with the exception of Global Partner director positions, which will be 2 years in length.
2. Terms for Directors will begin at the conclusion of the Annual Meeting and last until the end of the Annual Meeting of the final year of their term and until their successors have been elected and qualified.

C. Performance Expectations/Requirements of Office

1. All directors must be full members in good standing of the society.
2. Upon election, directors should familiarize themselves with the Bylaws and Policies and Procedures will be provided by the society to all new Board members
3. Board members must attend at least 50% of meetings/conference calls per calendar year. Attendance will be reviewed annually by the Executive Committee. Members who do not meet these requirements, will be removed as per majority vote by the Board
4. Subject to the limits set by the Bylaws, manages the affairs of the NCS and the Executive Council between regular meetings of the Executive Council Primary duties of a Member of the Board include:
    i. Adopting Resolutions and Policy statements representing the position of the NCS
    ii. Setting the amount of dues and meeting fees for members of the NCS
    iii. Amending the Bylaws of the NCS subject to ratification by the membership
    iv. Requesting special duties and responsibilities for NCS' officers
    v. Adopting the annual budget
    vi. Determining authorized signers of checks and drafts and limits.
5. Duty of Care: that includes attending meetings, exercising independent judgment, with legal responsibilities of directors and providing oversight of the organization
    i. Attends orientation meeting upon election to the board.
    ii. Participates actively in Board meetings (regular and special) and the governance of the society through formulation, review and execution oversight of the business decisions guiding the overall direction of NCS
    iii. Leads by example and is representative of the society's membership.
    iv. Represents NCS to other key stakeholders including federal policymakers, other organizations/associations, etc.
    v. Serves as a representative as assigned on behalf of the society
    vi. Serves as a leader (point person) to provide insight on Neurocritical care issues to the society's membership as a whole.
    vii. Assists the Executive Committee in providing oversight on NCS' future direction in meeting the goals of the organization and membership growth.
    viii. Knows the issues before the Board o Looks for sound and innovative solutions on behalf of the organization
    ix. Works in partnership with all NCS leaders and national office staff members
    x. Submits board reports related to activities, problems/solutions, and desired board actions.
    xi. Answers all association-related correspondence in a timely manner.
    xii. Provides necessary information and input to national office on assigned activities/ initiatives for annual budget preparation. Utilizes national office staff to assist in preparing fiscal impact statement.

xiii. Submits reimbursement form and receipts according to the reimbursement policy.
xiv. Informs national office and board of address or phone changes promptly.
xv. Participates in the performance appraisal of the management office.
xvi. Identifies and recruits new members to strengthen the Society.

6. Duty of Loyalty that the first loyalty of directors in the room is the organization and all other business and institutional relations take secondary importance
    i. Accepts assignment of specific initiatives/projects from President
    ii. Copies all correspondence relative to association matters to the President, national office, and other appropriate board members.
    iii. Commits appropriate time to accomplish assigned responsibilities.
    iv. Completes full term of office.
    v. Seeks and respects the opinions of other Board members and members of the Executive Staff.
    vi. Works to develop consensus
7. Duty of Obedience that NCS obeys applicable laws, acts in accordance with ethical practices, and adheres to its mission.
    i. Maintains confidentiality
    ii. Keeps informed of policies, position statements, and resolutions supported by NCS.
    iii. Discloses any potential conflict of interest to the President and/or Executive Director. Conflict of Interest and Code of Conduct) annually.
    iv. Represents the best interests of the membership in Board deliberations.

D. NCS BOD Nomination Process/Election and Timeline

NOMINATING COMMITTEE PROCESS

The Nominating Committee shall consist of a Chair who will be the Immediate Past President along with two members of the Board and two members-at-large. The two members of the Board will be identified and selected by the BOD. The two members-at-large positions will be selected as follows:

a) A Call for Volunteers is distributed to the NCS membership
b) The BOD reviews applicants and votes on the two members-at-large

I. The Committee must have multidisciplinary representation and include at least one non-physician.
II. No member of the Nominating Committee can stand for election while they are a member of the Nominating Committee. Terms for members of the Nominating Committee will be **two years**, and individual terms will be staggered so that a full rotation does not occur each year. In the first year, the rotations will be that half are assigned one year and the other half two years based on total votes.

1. ELECTION OF OFFICERS

i. The process for the selection of Officers of the NCS Board of Directors is outlined in the Bylaws, which states: "Open Officer seats will be filled using the following succession plan: Secretary to Treasurer; Treasurer to Vice President; Vice President to President; President to Immediate Past President."
ii. All Officers must have previously served on the BOD or have served at least one full term on the BOD.
iii. Unless a shorter term is provided in the resolution of the Board electing such officer, the term of office of each officer shall begin at the conclusion of the Annual Meeting.
iv. Duration of Officer Terms and Succession: Officer term is for one year. Officers include the Past President, President, Vice President, Treasurer and Secretary. There will be a succession from Secretary to Treasurer to Vice President to President
    1. President: 1-year term in succession from the Vice Presidency
    2. Vice President: 1-year term in succession from the Treasurer
    3. Treasurer: 1-year term in succession from the Secretary
    4. Secretary: 1-year term as nominated by the Nominating Committee.
    5. Immediate Past-President: 1-year term in succession from the President. Serves as a voting member of the Executive Committee and the BOD
v. Selection of Secretary:
    1. The voting members of the BOD will be asked to forward their nominations for Secretary to be considered as a part of the process. The Nominating Committee will review the CVs, candidates' statements on their vision for NCS, letters of support, and

past experience in determining the top candidate. The top candidate will be presented to the BOD for a vote of affirmation.

2. A simple majority of the Board vote results in selection or non-selection of the nominated candidate. If candidate is not approved, the Nominating Committee will take all comments from the Board into consideration and introduce a new candidate.

2. BOARD SECRETARY NOMINATION PROCESS

The current process to elect the Board Secretary has multiple steps that are illustrated below.

i. Secretary Election Process:

1. Voting members of the Board of Directors will submit nominations for Secretary to the Nominating Committee. Criteria to be used for the selection of these candidates and a description of the 5-year officer duties will be made available for review.
2. Secretary candidates must be currently serving on the Board or have previously served.
3. All nominees will be sent the following information:
    a. Officer roles and responsibilities (all 5 positions)
    b. Meeting times and attendance mandates
    c. Rubric to be used for vetting each potential candidate
    d. Required application materials for each potential candidate
    e. Deadline for full applications
4. All nominees will be asked to confirm their interest in serving and to submit the materials requested (details listed in the timeline).
5. The Nominating Committee reviews qualifying candidates' materials and scores each candidate based on a rubric (details listed in the timeline).
6. The detailed Secretary election process and timeline is outlined below.

SECRETARY NOMINATION PROCESS AND TIMELINE

Deadline	Activity
Last week of January and first week of February	Call for Nominations Period from the Board of Directors (BOD) Provide two weeks to nominate candidates.
Second Week of February	I. Nominations close II. Executive office staff review nominations and confirm candidates meet qualifications for Secretary
Third Week of February	Inform candidates of nomination and await acceptance and requested materials.
Fourth week of February and First two weeks in March	Nominees will submit their materials before the deadline posted. I. Curriculum Vitae II. Personal statement (500 words or less) addressing the following: a. Service to the NCS (e.g. Innovations, guidelines, strategies, new programs, etc.) b. NCS Committee Leadership c. Examples of multidisciplinary and multi-professional collaborations d. Strengths and weaknesses and how the candidates are working to improve their weaknesses. e. Vision for NCS and how candidates will work to achieve this vision. III. Two letters of recommendation a. Dean, Chair, or immediate supervisor to confirm time will be allowed for 5 years to complete the officer duties (ranging from 10-25% per year) b. Current or past NCS board member describing the candidate's ability to work with others on a multidisciplinary team.
Last Two Weeks of March	The Nominating Committee reviews qualifying candidates' materials and scores each candidate based on the following rubric, which scores all five categories of their personal statement as follows: 3 = Excellent, 2 = satisfactory, 1 = unsatisfactory The strength of the candidates' letters of recommendation are also considered. Total Score (high score = best candidate).
First week of April	I. Nominating Committee discussion of candidates and confirmation of ranking II. Invite top two ranked candidates (based on committee scores) to be interviewed III. Send a letter of regret to those candidates who were not selected
Second Week of April	Nominating Committee conducts interviews with top two candidates
Third week of April	I. Nominating Committee selects candidate to be presented to the Board. II. Nominating Committee Chair calls both candidates to inform them of the decision of the committee.
June Board Meeting (Second Week of June)	Nominating Committee chair presents secretary candidate at the June Board of Director Meeting A simple majority of the Board vote results in selection or non-selection of the nominated candidate. If candidate is not approved, the Nominating Committee will take all comments from the Board into consideration and introduce a new candidate

Third Week of June	I. Send a letter of congratulations to new secretary and include the information on the new board orientation and the NCS Annual Business Meeting date where he/she is formally presented to the membership. II. Send a letter of regret to the candidate not selected for the secretary.
Second Week of July	Send check-in email to the new secretary to make sure he/she has made their plans to attend the Annual Meeting and address any questions he/she might have.
Day before the board meeting at Annual Meeting	The Nominating Committee Chair and the Executive Director will hold the new board member orientation at the Annual Meeting. The executive committee will be invited to attend. Other board members are optional.
Immediately following the Business Meeting	The new secretary begins his/her service immediately following the Business Meeting at the Annual Meeting

3. BOARD OF DIRECTORS ELECTION DETAILS

I. Directors are elected by a plurality
II. Board Size – no less than 7 and no more than 30
III. The current (2020-2021 size of the Board = 24 members, excluding the past presidents)
IV. Assess the Board members whose terms expire at the end of year and replace the positions accordingly

4. ELECTION PROCESS FOR MEMBER AT-LARGE DIRECTOR SEATS

I. Board of Director job descriptions and scoring rubric are published or linked to an email to the membership requesting nominations for board member at-large seats. (Self-nominations will be accepted)
II. A portion of the positions of the BOD will turn over each year.
    a. BOD members who are rotating off may not stand for re-election to the BOD that same year. There must be at least a 1-year hiatus before being re-elected to the BOD.
    b. Total lifetime BOD terms are limited to 2 (total of 8 years).
    c. No Past-President can be elected to the BOD.
III. Process for identifying candidates and electing new directors for open director seats.
    a. The Nominating Committee will follow agreed-upon processes for the identification and selection of candidates for Board of Director seats.
    b. The Nominating Committee will ensure the ballot includes candidates to maintain a board composition that is reflective of the multidisciplinary membership. For example, when the current membership comprises 45% physicians, 10% nurses, 16% APPs, and 8% pharmacists, the open seats will be filled in alignment with with this composition. One of the board seats shall also be reserved for at least one non-neurologist.
    c. The number of board seats in each discipline must be equal or greater than the membership composition.

d. The number of open seats that are designated for certain disciplines will be communicated to membership during call for nominations.

DIRECTOR ELECTION PROCESS AND TIMELINE

Deadline	Activity
Second and Third week of February	I. Nominating Committee evaluates the BOD membership and determines whose terms will expire at the next annual meeting. Open designated and at-large seats will be identified and communicated in the call for nominations. II. Nominating Committee should make special note to ensure appropriate disciplines for designated seats are included on the list of nominees. III. The Nominations Committee should encourage individuals and/or sections to identify nominees for the open designated seats. IV. A nominee of any discipline is eligible for the at-large seats.
Fourth Week of February and First two weeks of March (open for three weeks)	Send Call for Nominations to the membership This is a self-nomination process. Include the following in the call for nominations email: a. Job description of Board of Directors b. Meeting times and attendance mandates c. Required materials for each potential candidate I. Curriculum Vitae II. Personal statement (500 words or less) addressing the following: a. Service to the NCS (e.g. Innovations, guidelines, strategies, new programs, etc.) b. NCS Committee Leadership c. Examples of multidisciplinary and multi-professional collaborations d. Strengths and weaknesses and how the candidates are working to improve their weaknesses. e. Vision for NCS and how candidates will work to achieve this vision. III. One letter of recommendation from an individual who can describe the candidate's ability to work with others on a multidisciplinary team d. Deadline for nominations and submission of materials
Third Week of March	I. Nominations and Application Process closes II. Nominating Committee will meet to review the nominations. Any member in good standing who submitted all requested materials may qualify as a nominee.
Fourth Week of March	Executive office will provide a consolidated packet of candidate materials for review by the nominating committee.

Deadline	Activity
First 3 weeks of April	The Nominating Committee reviews qualifying candidates' materials and scores each candidate based on the following rubric, which scores all five categories of their personal statement as follows: 3 = Excellent, 2 = satisfactory, 1 = unsatisfactory The strength of the candidates' letters of recommendation are also considered. Total Score (high score = best candidate). I. The ballot will consist of those receiving the top scores (i.e., if there are five open seats, 10 candidates will be selected; if there are six open seats, 12 candidates will be selected) II. The names of the selected candidates will be presented in alphabetical order to the membership as an aggregate via an email ballot, which will include the names of the nominees, and their personal statements, and CV. III. The Nominating Committee should ensure there is at least 1 potential candidate on the ballot for any open designated BOD seat. IV. Letters of regret will be sent to those not selected for the ballot prior to the membership vote
First week of May	The executive office prepares the ballot to send to the membership
Second and Third weeks of May (two weeks)	The membership voting period.
Fourth week of May	Executive Office will share results of membership vote with the Nominating Committee.
First week of June	I. The Nominating Committee will meet to affirm the top candidates based on membership vote. II. All open designated seats will be filled by those nominees receiving the highest number of votes for each specific discipline. All other nominees will fill the open at-large seats based on the number of votes received from the membership, regardless of discipline. III. In the event of a tie for the last at-large position, the Executive Committee will vote among those tied by secret ballot. **The final nominees will be presented to the board for affirmation during the board meeting.**
Second week of June	Send letters of regret to those who were not selected.
Third week of June	Send a letter of congratulations to the new board members and instruct them to plan on attending the New Board Member Orientation as well as the next board meeting at the Annual Meeting, which is where they will be presented to the membership.
Second week of July	Send check-in email to new board members to make sure they have made their plans and address any questions they might have.
Day before board meeting at AM	The Nominating Committee Chair and the Executive Director will hold the new board member orientation at the Annual Meeting. The new secretary and executive committee will be invited to attend. Other board members are optional.
After Business Meeting at AM	New directors begin their service immediately following the Business Meeting at the Annual Meeting.

Deadline	Activity
Second week of July	Send check-in email to new board members to make sure they have made their plans and address any questions they might have.
Day before board meeting at AM	The Nominating Committee Chair and the Executive Director will hold the new board member orientation at the Annual Meeting. The new secretary and executive committee will be invited to attend. Other board members are optional.
After Business Meeting at AM	New directors begin their service immediately following the Business Meeting at the Annual Meeting.

Notes:

Conduction of elections:

i. All elections will be conducted by email.
ii. Provisions will be made for any member who does not have email. A Web-Based process will be used as soon as practical.

PROCESS FOR ELECTION OF GLOBAL REGIONAL CHAPTER BOARD OF DIRECTORS MEMBER

I. In addition to the election of the Directors, one Global Regional Chapter chairperson will be elected from each of the five regions (Asia, Europe, Central/Caribbean and North America, Mideast/Africa and South America) who will hold the BOD office for a two-year term and until their successors have been elected and qualified.
II. Each regional chapter will hold their own election for the individual to serve as Chair of their Regional Chapter. (See specific election process for each region in P&P)
III. The Nominating Committee will assure that a nominee has been identified for each open seat and that the candidate(s) are in good standing with NCS.
IV. The Chair of the Regional Chapter will become the nominee for the open BOD seat for their region.
V. The Regional Chapter Chairs will be presented to the membership for ratification during the annual election process.
VI. These Chairs have full voting rights

E. Board Positions and Descriptions

1. **OFFICER ROLES AND RESPONSIBILITIES, TO CLARIFY THE ROLES OF OFFICERS OF THE SOCIETY**
    i. President
        1. Description: Provides leadership for the NCS by directing the ongoing activities of the association in collaboration with the NCS BOD and association management staff.
        2. Reports to: Membership
        3. Responsibilities:
            a. Oversees board and executive committee meetings.
            b. Works in partnership with the chief executive to make sure board resolutions are carried out.
            c. Calls special meetings as necessary.
            d. Assists chief executive in preparing agenda for board and executive committee meetings.
            e. Works with the nominating committee to recruit new board members.
            f. Acts as the spokesperson for the organization.
            g. Assists chief executive in conducting new board member orientation
            h. Periodically consults with board members on their roles and help them assess their performance
            i. Works with chief executive to oversee and monitor strategic planning and organizational goals
            j. Represent the organization to outside entities
            k. Provides general supervision, direction, and control of the business
            l. Slates NCS volunteers through the Get Involved Campaign with input from the current committee chairs and board representatives and approved from the Executive Committee.
            m. Serves as ex-officio member on all committees
            n. Assures that orders and resolutions of the BOD are carried into effect
            o. Signs and deliver in the name of the corporation deeds, mortgages, bonds, contracts, or other instruments pertaining to the business of the corporation, except in cases in which the authority to sign and deliver is required by law to be exercised by another person or is expressly delegated by the articles or bylaws or by the Board to another officer or agent of the corporation
            p. Implement and monitor strategic planning process and organizational goals
            q. Forms ad hoc committees and task forces
            r. Performs other duties prescribed by the Board
    ii. Immediate Past President

1. Description: Serves as a support role to the President and as a member of the Executive Committee and to the association as a member of the BOD in the administration of the ongoing activities of the association.
2. Reports to: President
3. Responsibilities:
    a. Chairs the Nominating Committee to recruit new board members and selection of the Secretary.
    b. Serves as the Chair of the Global Committee (lead of International recruitment efforts)
    c. Serve on the Executive Committee
    d. Perform other duties as prescribed by the BOD or by the President
    e. Attend all BOD meetings

iii. Vice President

1. Description: Collaborates closely with the President in the administration of the ongoing activities of the association and in collaboration with the NCS BOD and association management staff.
2. Reports to: President
3. Responsibilities:
    a. Serve as the Chair for the Annual Meeting and Annual Meeting Committee.
    b. Assists President with selecting NCS volunteers through the Get Involved Campaign with input from the current committee chairs and board representatives and approved from the Executive Committee.
    c. Appoints all committee chairs and chairs-elect for the year the VP is President
    d. Assists chief executive in conducting new board member orientation
    e. Serve on the Executive Committee.
    f. Maintain knowledge of the organization and personal commitment to its goals and objectives
    g. Assume responsibilities in the absence of the Board President
    h. Understand the responsibilities of the Board President as chair of Board meetings and be able to perform these duties in the chair's absence.
    i. Has other powers and performs such duties as from time to time may be requested by the President or by the Board
    j. Oversee annual fundraising activities, social events, and travel grants related to meeting

iv. Treasurer

1. Description: Maintains financial activities of organization. Reviews fiscal records in collaboration with the Executive Director of NCS.
2. Reports to: President

3. Responsibilities:
    a. Chair of the Finance Committee.
    b. Chair Elect of the Annual Meeting and serves on Annual Planning Committee
    c. Work with the chief executive and the chief financial officer to ensure that appropriate financial reports are made available to the board on a timely basis.
    d. Assist the chief executive or the chief financial officer in preparing the annual budget and presenting the budget to the board for approval.
    e. Review the annual audit, as required by law, and answer board members' questions about the audit.
    f. Approve all invoices for payment/reimbursement to vendors, staff and members
    g. Serve on the Executive Committee.
    h. Assume responsibilities in the absence of the Board President and President-Elect
    i. Maintain knowledge of the organization and personal commitment to its goals and objectives
    j. Understand financial accounting for nonprofit organizations
    k. Perform other duties prescribed by the Board or by the President

v. Secretary
    1. Description: Maintains continuity of association projects, activities, and direction through documentation and record keeping of information including all board meetings.
    2. Reports to: President
    3. Responsibilities:
        a. Works with the chief executive to ensure accurate minutes of board meetings.
        b. Maintain knowledge of the organization and personal commitment to its goals and objectives
        c. Maintains all Board records and ensure their accuracy and safety
        d. Assumes responsibilities in the absence of the Board President, President-Elect, and Treasurer
        e. Provides notice of meetings of the Board and/or of a committee when such notice is required
        f. Reviews and proposes changes to the bylaws and Policy/Procedure manual annually.
        g. Chair of the Membership Committee.
        h. Serves on the Executive Committee, Finance Committee and AMC.

i. Nominate individuals for Honorary membership in the society as delineated in the bylaws.
j. Serve as Representative to FNCS Credentialing Committee
k. Perform other duties prescribed by the Board or the President

vi. Director-At-Large
1. Description: Collaborates closely with the President and Officers in the administration of the ongoing activities of the association using the initiatives of the strategic plan as the framework.
2. Reports to: President
3. Responsibilities:
a. Attends all board meetings and board conference calls
b. Reviews association documents and publications related to NCS.
c. Assures and oversees development and maintenance of NCS products and publications
d. Supports the production of the annual meeting and other educational events
e. Assures that all current publications meet the standards of the association
f. Coordinates activities related to the development of the resources of the organization
g. Facilitates, collaborates with and acts as a board advisor to assigned committees or workgroups
h. Develops and mentors future NCS leaders
i. Increases the visibility of the association by collaborating with other organizations or groups at the direction of the President
j. Collaborates with the executive director to develop, implement, and evaluate marketing strategies to maintain and increase membership, improve member benefits and services
k. Identifies opportunities for learning and educational activities for the association
l. Recommends development of position statements, guidelines, standards when needed
m. Examines legislative and research issues relevant to NCS practice
n. Supports the NCRB in developing research activities
o. Supports activities to provide funding to support and advance improvement in patient outcomes through research
p. Acts as a representative to other health care organizations promoting the work of NCS

2. PAST PRESIDENTS AT NCS BOARD MEETINGS

This policy was enacted to control the expense of board meetings and manage the level of influence on decisions by past presidents. It applies to in-person and virtual board meetings.

i. For In-Person Board Meeting:
   1. The NCS staff will email the agenda for the Board of Directors meetings to all past presidents approximately two weeks in advance of the meeting date for review and comments.
   2. So that all past presidents have an opportunity to share agenda comments with all board members, the Past Presidents Dinner will be held the night before the board meeting that is held at the NCS Annual Meeting.
   3. The EC vote for five Past Presidents to attend the in-person BOD meeting. This is based on the content of the agenda and who has the most knowledge to contribute to the conversation.
      a. The vote will be anonymous. The entire EC will vote.
      b. Rationale: Having the entire EC vote rather than leaving this up to the President should make it more objective and less of a popularity contest.
      c. NOTE: The Bylaws remain in effect because the state that BOD meeting attendance is discretionary for Past Presidents.

ii. For Virtual Board Meeting:
   1. The NCS staff will email the agenda for the Board of Directors meetings to all past presidents approximately two weeks in advance of the meeting date for review and comments.
   2. The EC vote for five Past Presidents to attend the virtual BOD meeting. This is based on the content of the agenda and who has the most knowledge to contribute to the conversation.
      a. The vote will be anonymous. The entire EC will vote.
      b. Rationale: Having the entire EC vote rather than leaving this up to the President should make it more objective and less of a popularity contest.
      c. NOTE: The Bylaws remain in effect because the state that BOD meeting attendance is discretionary for Past Presidents.

iii. Ensuring Balance: The staff will keep a record of the past presidents who attend each meeting to ensure a balanced rotation of members. The agenda will be taken into consideration when making this determination.

F. Officer Onboarding Process

The onboarding of new officers begins as soon as the new board secretary is approved by the board of directors in June of each year.

1. The new secretary is notified by the Nominating Committee Chair via an official letter of congratulations.
2. The executive director sends an email to the new secretary with the list of duties as outlined in the Bylaws and the Policy and Procedure Manual. The email should also include his/her working relationship with the staff, committees, and sections.
3. The incumbent secretary will contact the new secretary and schedule a one on one to review his/her personal experience as the secretary and address any questions the new secretary might have.
4. The executive director sends an email to the incoming treasurer, vice president, president, and immediate past president with the list of duties as outlined in the Bylaws and the Policy and Procedure Manual and include their working relationship with the staff, committees, and sections.
5. The incumbent treasurer, vice president, president, and immediate past president shall schedule a one on one to review their personal experience in the role and address any questions the new secretary might have.
6. The executive director will hold a one on one meeting with each incoming officer to discuss the approach to working together in each of their roles.
7. The executive director will work with the incoming president to confirm the dates of the leadership meetings – board of directors, officer, executive committee, and committee chairs.
    a. Once confirmed and before July 31, the executive office will send the schedule on the new officers, board members, and committee chair meetings.
    b. The executive office will scheduled the meetings through Outlook.
8. The new secretary and new boards members-at-large will be invited to attend mandatory Board Member Orientation Meeting. This should be held before the fall board meeting either in-person or by live webinar (based on current landscape). As part of the training, the participants must receive the following:
    a. Schedule of board of director and committee chairs meetings over the next 12 months
    b. Board Buddy and contact information – match board buddy with their officer role
    c. Access to the Board of Director Toolkit
    d. Staff Organizational Chart
    e. Board of Director Code of Conduct – must sign and return to executive office (document will be revised before giving to new board members)
    f. Leadership Disclosure Form – must sign and return to executive office (document will be revised before giving to new board members)
9. All new board members will join the current board members at the fall board meeting and sit next to their board buddy.
10. The outgoing president should make her/himself available to join the one on one weekly calls with the executive director throughout the first month of the new president's term for continuity. (Length determined by new president).

11. The vice president should make her/himself available to the incumbent president in April to join the one on one weekly calls with the executive director to learn the day to day operations of NCS and be up to speed on current issues once ratified at the fall board meeting.
12. Three months prior to the officer transition, the incoming officer joins the same meetings as the incumbent officer to understand current issues in preparation for the transition to the role.

SECTION IV: COMMITTEES, SECTIONS, TASK FORCES, EDITORIAL BOARD

A. Committees

Purpose: To support the mission of the Society, the Bylaws in Article IV support the designation of an Executive committee and other standing committees consisting of three or more directors by resolution adopted by the majority of the Board.

i. NCS COMMITTEE STRUCTURE

i. The Chair (or co-chairs) and Chair-Elects of a Standing Committee shall be appointed by the President. Chairpersons of all Standing Committees, except the Nominating Committee or otherwise stated in the approved charter, shall be appointed by the President to serve a two-year term. Chair-Elects will serve a two-year term and succeed the outgoing Chair. Outgoing committee chairs are free to continue to serve as a committee member at the discretion of the new incoming committee chair.
ii. Members of standing committees shall be subject to re-approval as each new committee chair takes office. With the exception of the Executive Committee, committee member terms are four years unless approved by the Executive Committee. Committee members may only serve one term unless they have been appointed as a committee Chair or Chair-Elect. Committees should have a nursing and pharmacy representative.
iii. Ad hoc committees may be appointed as the need arises by the President to carry out a specific task that is not the assigned function of an existing standing committee of NCS. The ad hoc committee's charge should be specified by the President. The ad hoc committee and members of all ad hoc committees shall be appointed at the discretion of the President.
iv. Committee Longevity: Standing committees will continue to exist indefinitely at the discretion of the BOD. When, in the judgment of the Board, a standing committee is no longer necessary, it may discharge the standing committee by majority vote of all BOD members. Ad hoc committees are discharged automatically 1) upon the acceptance of their final report by the Executive Board or 2) upon completion of the current President's term of office. Ad hoc committees may be discharged at any time by the President.
v. Eligibility Requirements for Committee Members and Representatives. All members of NCS committees and NCS representatives to organizations shall be active members.
vi. Board Representative: A Board Representative will be appointed to each committee. The individual is responsible for bringing committee matters to the BOD and reporting committee activities at the Board meeting. A new BOD representative will be appointed when the representative rotates off the BOD or the president deems a change appropriate.
vii. The President and Vice President will annually evaluate the Committees and make recommendations to the Executive Committee and Board.

viii. New standing committees may be formed or dissolution of a committee may be carried out by majority vote of the Board.

ix. Committee responsibilities:

1. Each committee will keep a written record of all actions taken by it, copies of which shall be filed with the Secretary.
2. Each committee chair is responsible to provide a written update to the Board at each Annual Meeting.

ii. STANDING COMMITTEES

i. Executive Committee

1. Committee Charge: To support the governance of NCS as outlined in Section One of the NCS Bylaws.
2. Committee Composition: The Executive Committee shall consist of the President, President-elect, Treasurer, Secretary, Immediate Past-President and three or more Board members chosen by the President and confirmed by the Board.
3. Committee Authority: The Executive committee shall have all the authority of the Board except for that set for the in the provisions of the Bylaws, article IV, Section 1.

ii. Advocacy Committee

1. Committee Charge: To plan and conduct advocacy endeavors to promote the work of neurocritical care professionals, and to improve the general public's knowledge and recognition of neurocritical care in fulfillment of the NCS's mission and vision. To evaluate and recommend action to the Board and membership re: public policy initiatives.
2. Committee Composition: The Advocacy Committee shall comprise of one Chairs and Chair-Elect elect, appointed by the President, one BOD Director-at-large representative, and other members of the Society.
3. Committee Responsibilities:
    a. Advocacy issues that require policy statements by the Society will be approved first by the Executive Committee then the Board.
    b. The Advocacy committee will also investigate methods to improve mentorship for members-in-training.
    c. Obtain a mailing (or emailing) list of residency directors in neurology, emergency medicine, and neurosurgery for purposes of outreach for ENLS, potential, membership, and external rotations
    d. Roll-out of ENLS availability at reduced price to residents, pending industry approval
    e. Develop an outreach program to the lay community and media and others stakeholder

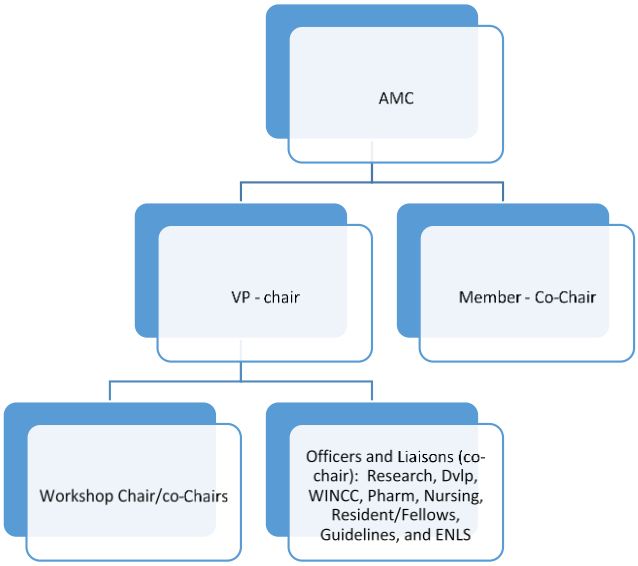
f. Create a "library" of media articles and events by NCS members that can be archived and made available
g. Increase collaboration between Advocacy and Communications Committees for purposes of NCS outreach and engagement of members, non-member organizations, and public
h. Develop media contact process for NCS

iii. Annual Meeting Committee

1. Committee Charge: The Annual Meeting Committee (AMC), working in cooperation with NCS leadership and the Executive Office, is responsible for planning the NCS annual meeting (AM) by coordinating the scientific program, and obtaining speakers for all programs. The committee will work with the Development Committee in an effort to raise funds, which will support the Annual Meeting. The Scientific and Translational Science Subcommittee (see NCRC committee section) will assist in developing the translational science session, abstract reviews and poster session(s), and best abstract awards. A Workshop Subcommittee shall consist of a Chair, a chair-elect who will assist the Chair and will most likely progress to the Chair of the subcommittee to maintain continuity as determined by the AMC Chair/NCS President. This subcommittee will oversee workshop development, director assignments, and industry device support in collaboration with the AMC Chair.
2. Committee Composition: The AMC shall consist of the Vice President (Chair of the committee) and a Co-Chair (general member), at least 3 members of the BOD, at least 5 at-large members, Workshop Chair/Co-Chair, Officers and appointed committee members, including one co-chair of the Scientific and Translational Science Subcommittee, Development Committee, WINCC Committee, Pharmacy Section, Nursing Section, APP Section, Resident/Fellows Section, Guidelines Committee, and ENLS Committee.
3. Committee Responsibilities:
    a. The AMC is responsible for the following strategic initiatives:
    b. Continue to consider how AM can be leveraged for strategic advancement of the society and member benefits for education and science.
    c. Identify new initiatives or programs to consider as satellite programs around AM.
    d. Invite members, fellows, and residents to submit abstracts for the NCS AM.
    e. Review travel grant applications, score applications and select awardees.
    f. Link with other organizations for strategic AM collaboration.
    g. Make existing materials from the AM easily available to meeting attendees after the meeting and identify ways to market these existing materials to those who did not attend the meeting.

h. Continue the Professionalism and Leadership Day, Research and Leadership Mentoring Programs, and WINCC at the AM.
i. Develop clinical practice updates session, ENLS, and workshops for the AM.
j. Continue to support research fundraising events, such as the Run for Research, and soccer and golf tournaments at the meeting.

4. Chair Responsibilities
   a. Development and finalization of AM scientific/clinical sessions
   b. Development of social events (receptions/banquet) at AM
   c. Oversight of logistics at AM (site inspection, food/beverage, receptions, etc.) to keep within approved budget
   d. Appoints and oversees the following:
   e. Scientific program Chair/Chair-Elect and subcommittee
   f. Workshop Chair/ Chair-Elect and committee
   g. Pro/con session chair
   h. Practice Update Chair/ Chair-Elect
   i. Fun Run Directors
   j. Soccer Directors
   k. Golf Directors
   l. Specialty Corners Chair/ Chair-Elect
   m. Assess member/non-member pricing for workshops/practice update
   n. Oversight of registration website, abstract website and mobile app for the AM.
5. Annual Planning Committee Structure



Note: Representatives – These individuals represent their respective committees during their co-chair year of leadership and rotate as the committee leadership transitions. The representatives from these committees will be one Chair-Elect of the Scientific and Translational Science Subcommittee, Development Committee, WINCC Committee, Pharmacy Section, Nursing Section, APP Section, Resident/Fellows Section, Guidelines Committee, and ENLS Committee Development Committee, WINCC Section, Resident/Fellows Section, Guidelines Committee, and ENLS committees.

1. Social Fundraising Events: Members from the AMC will work with the Development Committee representative and NCS staff to organize the fundraising events. Each event will consist of a AMC lead and co-lead, as well as other member volunteers who are interested.
2. Travel Grant: An AMC member Lead and Co-lead will collaborate with a group of 5 AMC members to objectively evaluate the travel grant applications and select awardees annually.
3. The Executive Committee is responsible for evaluating potential sites and dates for the annual meeting. The process will start with a survey of the Board for potential sites. The NCS staff will vet these sites based on rank order of the Board recommendations, dates available and historical knowledge of acceptability of the site for the meeting. Location and dates shall be determined no fewer than 3 years in advance.

iv. Marketing and Communications Committee:

1. Committee Charge: The Communications and Marketing Committee, working in cooperation with NCS leadership and the Executive Office, is responsible for developing marketing strategies for NCS products and communication tools as well as disseminating news that is relevant to NCS members through the official NCS website, Facebook page, Twitter feed, email communications, and Currents – the quarterly news magazine of the NCS. Subcommittee: Currents Editorial
2. Committee Composition: One Chair and one Chair-Elect, are appointed by the President of NCS. The President, in consultation with the Chairs of the committee, appoints the remaining members of the committee. The composition of the Committee is intended to reflect as broadly as possible those constituencies that are well-represented in the Society's membership as well as those that are underrepresented.
3. Committee Responsibilities:
    a. Provide input and recommendations for new content on the website to ensure we are continually providing value to our members and informing other site visitors about the value of NCS.
    b. Assist staff in developing promotional campaigns, including membership, Annual Meeting, ENLS and other educational products.
    c. Provide input on the development, enhancement or updating of content for NCS's internal communications and messaging (may include e-newsletters, member and nonmember communications, other NCS publications, social media, etc.).
    d. Assist staff in monitoring engagement with specific NCS communications, website and marketing products and services.

e. Provide ongoing input on NCS' internal and external communication vehicles to ensure we are consistently incorporating our brand messages and member value proposition.
f. Producing and publishing Currents – the quarterly news magazine of the NCS
g. Regularly communicating with the NCS Secretary to disseminate news items from the NCS leadership to the members via the website and social media
h. Regularly communicating with chairs of the NCS committees to determine news items for dissemination to the NCS membership
i. Regularly communicating with the Editor-in-Chief of the Neurocritical Care journal to advertise upcoming study results to NCS members via the website and social media
j. Provide input on the development, enhancement or updating of content for NCS's internal communications and messaging (may include e-newsletters, member and non-member communications, other NCS publications, social media, etc.).
k. Assist staff in monitoring engagement with specific NCS communications, website and marketing products and services.
l. Provide ongoing input on NCS' internal and external communication vehicles to ensure we are consistently incorporating our brand messages and member value proposition.

v. Development Committee

1. Committee Charge: The Development Committee, working in cooperation with NCS leadership and the Executive Office and under the Finance Committee, is responsible for exploring financial support opportunities for the Annual Meeting and beyond.
2. Committee Composition: One Chair and one Chair-Elect, are appointed by the President of NCS. The President, in consultation with the Chairs of the committee, appoints one BOD Director-at-large representative, and the remaining members of the committee. The composition of the Committee is intended to reflect as broadly as possible those constituencies that are well-represented in the Society's membership as well as those that are underrepresented.
3. Committee Responsibilities:
    a. The Fundraising Committee is responsible for the following:
    b. Create year-round fundraising opportunities with industry sponsors
    c. Undertake a member fundraising drive to provide startup funds for research programs
    d. Explore Philanthropic support opportunities
    e. Through Industry sponsorship, explore Industry interest of conducting Research and refer them to the NCRN and Research Committee

vi. Educational Products Committee

1. Educational Products Committee Charge: The Educational Products Committee, working in cooperation with NCS leadership and the Executive Office, is responsible for the supervision of the development and dissemination of publications and educational products of various types which are produced the NCS. Subcommittee includes Neurocritical Care Live Editorial Board.
2. Committee Composition: The Educational Products Committee shall consist of two co-chairs and two co-chairs elect, chosen by the President, one BOD Director-at-large representative, and up to 10-15 appointed members. Additional members could be invited to serve in a committee related specific task force or subcommittee as deemed necessary by the Educational Products Committee.
3. Committee Responsibilities:
    a. Define a viable method of publishing educational material from NCS, including a market review, ROI, and membership needs assessment to strategically identify new projects;
    b. Develop and distribute educational products in various formats (print, webinars, podcasts, e-books) for sale to NCS members and non-members;
    c. Increase the NCS revenue by commercialization of educational products;
    d. Develop other revenue generating or non-generating programs such as webinars and industry-supported monographs;
    e. Make educational material from the annual meeting (such as syllabi and videotaped talks) easily available to meeting attendees after the meeting and identify ways to commercialize these materials to NCS members and nonmembers who did not attend the meeting;
    f. Help develop the content of NCS On Demand;
    g. Work with the Executive Office to find the best way to commercialize NCS On Demand

vii. ENLS Committee

1. Committee Charge: The Emergency Neurological Life Support (ENLS) Committee, working in cooperation with NCS leadership and the Executive Office, is responsible for expanding the usage of the ENLS program, updating and setting up ENLS protocols, ensuring the ENLS Moodle course exam questions are updated, and certification eligibility and compliance of ENLS.
2. Committee Composition: The Educational Products Committee shall consist of one Chair and one Chair-Elect, chosen by the President, one BOD Director-at-large representative, and appointed members. Additional members could be invited to serve in a committee related specific task force or subcommittee as deemed necessary

by the ENLS Committee. There are 24 people identified to assist with the protocols and 5 people assisting with Certification.

3. Committee Responsibilities:
    a. Update the content of the ENLS manuscripts
    b. Sanction a supplement of the Neurocritical Care Journal for the ENLS manuscripts
    c. Based on manuscript updates, the Moodle rooms site and all corresponding courses (ENLS, Train-the-Trainer and Slide Decks) will be updated
    d. Broaden ENLS roll-out with hard launch, courses, and outreach to residency training programs in Neurology, Emergency Medicine, Neurosurgery and Anesthesia
    e. Integrate pediatric neurocritical care, pharmacy and prehospital phases into ENLS
    f. Diversify the ENLS committee by conducting outreach to nursing and emergency medicine members
    g. Develop a process and pricing structure for co-located ENLS live courses at national conferences
    h. Create a recertification process for ENLS and Train-the-Trainer courses
    i. Create an ENLS certification card for when training is completed
    j. Create an independent financial unit for ENLS, complete with pro-forma revenue/costs reports to the Executive Committee quarterly

viii. Ethics Committee

1. Committee Charge: The Ethics Committee, working in cooperation with NCS leadership and the Executive Office, is responsible for broadly engaging the ethical needs of the NCS and its membership, making recommendations regarding appropriate ethical behavior, identifying areas of ethical complexity which require additional research or debate to clarify the ethical implications, selecting appropriate ethics related content for inclusion in the Annual Meeting, educating members about ethical principles and practices within Neurocritical care through the development of guidelines and position statements when necessary, and to address all other ethical issues referred by the President, Executive Committee, and the BOD. In this role, The Ethics committee will serve as the conscience of the NCS and its membership.
2. Committee Composition: One Chair and one Chair-Elect, are appointed by the President of NCS. The President, in consultation with the Chair of the committee, appoints one BOD Director-at-large representative and the remaining members of the committee. The composition of the Committee is intended to reflect as broadly as possible those constituencies that are well-represented in the Society's membership as well as those that are underrepresented. The Ethics Committee consists of 9-12

appointed members. Additional members could be invited to serve in a committee related specific task force or subcommittee as deemed necessary by the Ethics Committee.

3. Committee Responsibilities:
    a. Review any potential conflicts of interest that exist when gathering disclosures for key NCS Leaders, Board members, Committee appointed positions, and nominations for FNCS
    b. Provide the NCS leadership with advisory opinions in regards to a) violations of the COPC by members of the society, and b) disciplinary actions
    c. Provide advisory opinions to members of other committees (i.e. finance committee, etc.).
    d. Seek opportunities to educate the membership about ethics in the practice of Neurocritical care
    e. Developing (or at minimum reviewing) sessions at Annual Meeting pertaining to Medical Ethics
    f. Review and provide advisory opinions on position statements from the NCS that could potentially raise ethical discussion among members, media, or the public.
    g. Review and participate in guideline development when substantial ethical considerations are included
    h. The Ethics Committee could develop guidelines in relation to ethical issues at the request of the President, the EC, or the Guideline Committee or propose the development of such guidelines, which relate to ethical implications of standard practices of the Neurocritical Care profession
    i. Maintain, through a designated representative, ties with Ethics Committees from other societies, and the Council of Medical Specialty Societies (CMSS)

ix. Finance Committee

1. Committee Charge: The Finance Committee will assist the BOD in discharging its responsibilities related to financial management, budgeting, and oversight.
2. Committee Composition: The Finance Committee shall consist of the
3. Treasurer as Chair, the four officers, five members-at-large, and three Board members chosen by the President in consultation with the Treasurer.
4. Committee Responsibilities:
    a. Evaluate the budget as proposed by the management company before presentation to the Board at the Annual Meeting.
    b. Oversee the annual audit.
    c. Make recommendations regarding dues which will be approved by the Board.

d. Work with the Annual Meeting Committee to determine the meeting fees which can be approved by the Executive Committee.
e. Work with the Development Committee to determine fundraising priorities.
f. Review monthly financial statements.

x. FNCS Credentials Committee:

1. Committee Charge: The FNCS Credentialing Committee, working in cooperation with NCS leadership and the Executive Office, is responsible for reviewing all applications for Fellow of the NCS (FNCS) and deciding if applicants meet criteria for this designation. Subcommittee include: Selection of Candidates and Leadership/Professional Development.
2. Committee Composition: The FNCS committee shall consist of a One Chair and one Chair-Elect, and 1 BOD Director-at-large representative appointed by the President and will consist of 4-8 other appointed members. Additional members could be invited to serve in a committee related specific task force or subcommittee as deemed necessary by the Credentialing Committee.
3. Committee Responsibilities:
    a. Reviewing all applications for FNCS
    b. Objective evaluation of applications and determination of applicants' qualifications.

xi. Guidelines Committee

1. Committee Charge: The NCS Guidelines Committee is to direct the development of specialty appropriate clinical management guidelines. The committee will strive to obtain diversity among the identified topic experts to facilitate a thorough review of the available evidence. Guidelines produced through the efforts of this committee will be based on the best current medical evidence and expert opinions.
2. Committee Composition: The committee shall consist of two Co-Chairs and two co-chairs elect, appointed by the President, one BOD Director-at-large representative, and 8-12 appointed members plus the chairs. Additional members could be invited to serve in a committee-related specific task force or subcommittee as deemed necessary by the Guidelines Committee.
3. Committee Responsibilities: Please refer to Appendicies XIII for key Guideline Committee Processes
    a. Determining topics suitable for guidelines development
    b. Identifying key experts in the chosen topic
    c. Facilitating the development of 'best practice' clinical management guidelines
    d. Managing the review process
    e. Organizing expert panels to address controversial issues as needed

f. Determining the appropriate means of distribution to society members through publications, the annual meeting, journals, and other electronic communications
g. Oversee imprimatur process
    i. See Appendix XIIII for the outline guiding review of projects or programs for imprimatur

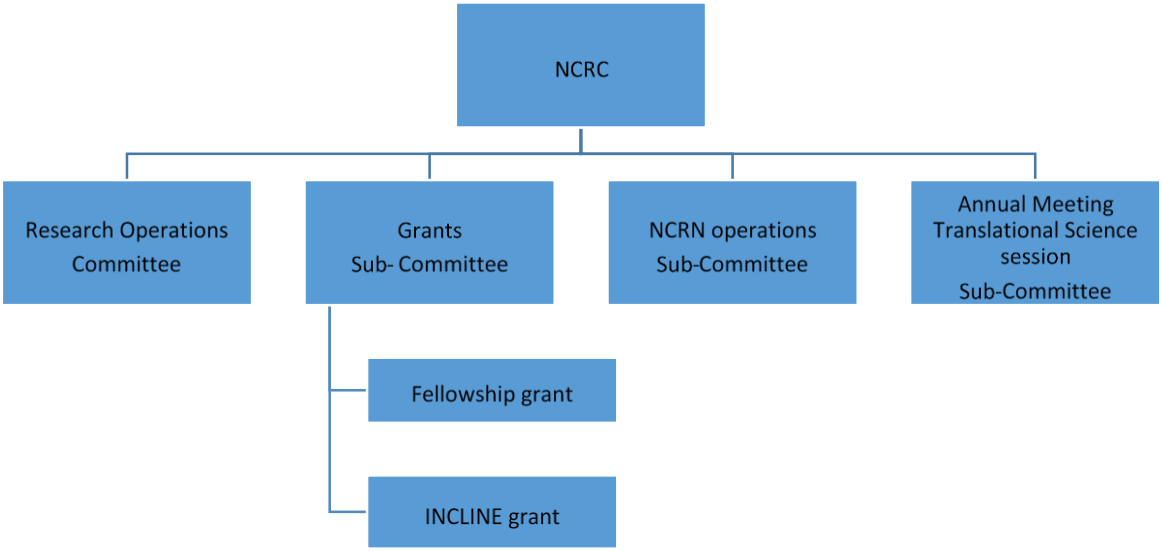
4. Subcommittees to evaluate topics will be chosen by the chair formed and approved by the President. Subcommittees should be multidisciplinary whenever possible.
5. Guidelines and any final document will be approved by the Board by majority vote before publication.
6. Decisions to endorse clinical guidelines from other organizations will be determined by the Board.

xii. Membership Committee

1. Committee Charge: The Membership Committee, working in cooperation with NCS leadership and the Executive Office, is responsible for recruitment of society members and ensuring the retention of these members through the offering of services that meet their needs. The committee advises the President and the board on membership policies and oversees programs for the recruitment of new members and retention of existing members. The committee assists in interpreting, informing and implementing board policy as it relates to membership. The committee provides advice and recommendations relating to the development of each year's operating plan and budget on matters related to the committee's jurisdiction.
2. Committee Composition: Chaired by the Secretary of the Society and includes one BOD Director-at-large representative, and at least 8 members of the society
3. Committee Responsibilities:
    a. Developing tools and strategies for increasing NCS's membership in key areas as identified by the NCS leadership.
    b. Establish and implement goals of membership recruitment and retention plan.
    c. Recommending the means for making prospective and current members aware of the resources, services, and membership benefits available through NCS.
    d. Providing acknowledgement to new members and encouraging their participation in NCS activities.
    e. Engaging members in conversation through utilization of social media.
    f. Identifying members' and nonmembers' needs and perceptions, analyzing them, and making recommendations to the NCS leadership.
    g. Ensuring the successful outcomes as outlined in NCS' strategic plan.
    h. Respond to disgruntled members' calls and solicit feedback for improvement.

i. Greet and introduce new members and prospective members at the annual NCS meeting.
j. Contact lapsed members to evaluate and respond to needs not being met by the Society.
k. Determine and implement methods to recognize and reward members

xiii. Neurocritical Care Research Central Committee (NCRC)



1. NCRC Leadership Committee
    a. Committee Charge: The NCRC will establish research priorities and coordinate all research activities on behalf of NCS. NCRC reports to the NCS executive committee and the NCS BOD.
    b. Committee Composition: The NCRC leadership will have a NCRC Executive chairs (senior persons) with the co-chairs from each subcommittee. The NCRC Executive Chairs (two) will be appointed by the President and include two co-chairs from Research Operations Subcommittee, one chair from Grants Subcommittee, two co-chairs from the NCRN Operations Subcommittee, and one chair from the Annual Meeting Translational Science Session Subcommittee (representatives to Annual Meeting Committee).
    c. Responsibilities:
        i. General oversight of all research related activities within the NCS
        ii. External Diplomate for research via the NCS
2. Research Operations Committee
    a. Composition: Will consist of two co-chairs and two co-chairs elect appointed by the NCRC Executive Chairs. . General membership as nominated by

incoming NCRN Chair for a four-year term in consultation with the NCS President. Terms will be two -years as chair-elect and two-years as co-chair. Committee reports to the NCRC Leadership and the NCS BOD.

b. Responsibilities:
    i. Oversee operations of the NCRC
    ii. Recommend Annual Research Budget
    iii. Participate in 1 or more Subcommittee (Grants, NCRN, Annual Meeting)
    iv. Promote Research:
        1. The chairs and members of this committee assume responsibility to promote neurocritical care research. A specific aim of this committee is to promote research within the membership of the NCS.
        2. A key aspect of promoting research is the ability to mentor trainees and junior faculty. The members of this committee will be tasked to develop and promote active research mentorship within the NCS.
    v. Representation of NCS to other scientific/professional societies, and promote collaboration and NCS representation in these other societies.
    vi. Vetting of any and all surveys
        1. This committee will develop a plan to vet research proposals and provide feedback when requested.
        2. This committee will develop a plan to vet requests to reach out to the NCS membership for the purposes of research. This includes, but is not limited to requests to solicit members to participate as clinical research sites, solicit members to participate in or distribute surveys or questionnaires for the purpose of research.

3. Grants Sub-Committee
    a. Composition: The sub-committee shall consist of a Chair (chair the review panel) and chair-elect appointed by the NCRC Executive Chairs. Chair/chair-elect will have a two-year term and will chair the review panel. Additionally, membership includes six to eight committee members with two year terms appointed by the NCRC Executive Chairs. The subcommittee reports to the NCRC and the NCS BOD.
    b. Responsibilities:
        i. Issue Research Funding Announcements (RFA)

1. Fellowship Grant and INCLINE grants (see Appendix IX)

ii. Create and manage a standardized application review process
iii. Conduct reviews of applications for all NCS research funding
1. Select additional ad-hoc reviewers, if necessary
2. Select Awardee(s), announced at annual meeting
iv. Review progress report
v. Determine quality of progress and recommend continued funding or recommend ending funding.

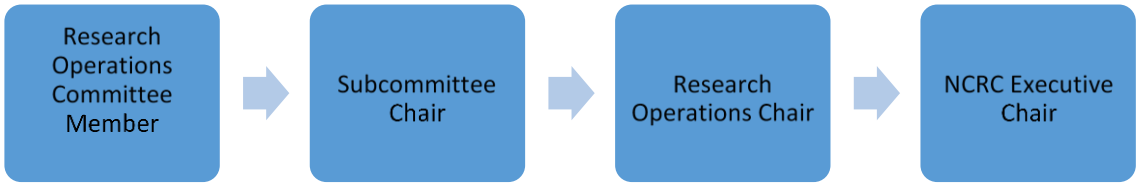
4. NCRN Operations Sub-Committee
a. Composition: The sub-committee shall consist of two Chairs and two chair-elects appointed by the NCRC Executive Chairs, and consist of two committee members of the NCRC Operations Committee. Chair reports to NCRC Executive Chairs.
b. Responsibilities:
i. Externally facing proponent for collaborative research
ii. Official Endorsements:
1. Conduct reviews of external collaborations and issue a recommendation to the NCRC Executive Chair
2. Write formal letters of endorsement that are signed by the NCRC Executive Chair
iii. Create a repository and sharing system for study protocols and IRB forms that facilitate multicenter research studies
iv. Create a data coordinating center for pilot trials
v. Conduct point prevalence multicenter studies similar to PRINCE

5. Annual Meeting and Translational Science Session Sub-Committee
a. Composition: The sub-committee shall consist of a Chair and Chair-Elect appointed by the NCRN Executive Chairs, and four members of the Research Operations Sub-Committee. Chair reports to NCRC Executive Chair and NCS Vice President. Chair and Chair-Elect will serve as annual planning committee translational research representatives.
b. Responsibilities:
i. Solicit ideas from the NCS Research Operations committee for scientific agenda
ii. Create the annual scientific agenda for the annual meeting
iii. Solicit invitations of speakers at the annual meeting, in collaboration with the NCS Vice President
iv. Identify topics for translational sessions to be offered at the Annual Meeting

v. Identify and invite speakers for translational science sessions
vi. Identify process improvements for poster presentations
vii. Select abstract reviewers
viii. Select Poster Professors
ix. Work with Annual Meeting committee to develop scoring criteria for travel grant and select grant awardees
x. Perform final review of graded abstracts and select those to be accepted/rejected
xi. Select winners of the Cristanne Wijman Young Investigator Award and Best Scientific Abstract Award
xii. Work with Executive Office to draft instructions for: abstract submissions, late breaking submissions, and poster upload and poster professors.

6. NCRC Growth and Development Plan:

Committee members will progress along a multi-year growth pathway:



This plan seeks to construct a cohesive structure for research and to make best use of research committee members through assigning them to specific sub-committees. In addition, this effort creates a position for a senior leader than can coalesce all of the activities for research and be the externally facing point of contact of the society. This organization seeks to formalize the role of the NCRN and to bring this entity into the formal structure of the NCS, with specific goals and responsibilities.

Each research committee member will be part of the new research operations subcommittee, and also part of one other sub-committee in order to perform the work necessary for each subcommittee. This will consolidate the activities and avoid having adhoc tasks forces performing important research related activities for the society.

The career development plan seeks to create an orderly succession plan that ensure institutional memory while simultaneously providing career growth for dedicated members who are making contributions to the society. Not all members will proceed to be a subcommittee chair or executive care, but this progression is open to all members and advancement based on merit and commitment.

xiv. Nominating Committee (refer to Section II BOD)

1. Committee Charge: The Nominating Committee, working in cooperation with NCS leadership and the Executive Office, is responsible for ensuring the NCS BOD has multidisciplinary representation.
2. Committee Composition: The Nominating Committee shall consist of a Chair who will be the Immediate Past President along with two members of the BOD (BOD) and two members-at-large. The two BOD members will be identified and selected by a BOD vote. The two members-at-large positions will be selected as follows: a) a Call for Volunteers is distributed to the NCS membership; and b) the BOD reviews applicants and votes on the two members-at-large.
    a. The Committee must have multidisciplinary representation and include at least one non-physician.
    b. No member of the Nominating Committee can stand for election while they are a member of the Nominating Committee. Terms for members of the Nominating Committee will be two years, and individual terms will be staggered so that a full rotation does not occur each year. In the first year, the rotations will be that half are assigned one year and the other half two years based on total votes.
3. Committee Responsibilities:
    a. Identifies candidates for the Secretary position each year;
    b. Identifies seats open for nomination on the BOD each year;
    c. Ensures Board members serve four-year terms;
    d. Oversees a Call for NCS BOD to solicit nominations from the membership;
    e. Ensures that one candidate for each seat is nominated by the Nominating Committee;
    f. Ensures one candidate for each seat is selected by the membership in a primary election;
    g. Ensures that a slate and position statements of two candidates for each seat will be presented to the membership for a final vote; and
    h. Announces new Board members during the NCS Annual Meeting.

xv. Quality Committee

1. Committee Charge: The Quality Metrics Committee will work with the NCS leadership and Executive Office to identify areas of potential improvement for delivery of quality healthcare for the neuro critically ill patient population, and means by which to measure progress in such areas.
2. Committee Composition: The committee shall consist of two Co-Chairs appointed by the Vice President, 1 BOD Director-at-large representative, and other members will be chosen by the chair.

3. Committee Responsibilities
    a. Identify existing quality metrics that may be applicable to neurocritical care
    b. Develop strategies for development and application of Quality Metrics specifically targeted to neurocritical care
    c. Interface with the Guidelines Committee to advance development of evidence based guidelines including quality metrics
    d. Explore strategies for national standardization of neurocritical care quality care metrics

B. Sections

Sections are developed to serve NCS members with similar interests related to neurocritical care. Sections serve to advance the specialty through unique projects, advocacy, and educational programming. Chair-Elect of each section are appointed by the President for a 1year term with maximum of two terms. NCS members can choose to join any of the sections annually when renewing membership. One BOD Director At-Large will be assigned by the President on annual basis to serve as the Board Representative.

Forming a Section: Members wishing to form a new section will complete an application including the development of a charge and gain signatures of 20 NCS members interesting in participating in the Section. Applications are approved by the BOD.

1. **ADVANCED PRACTICE PROVIDERS SECTION**
    i. Section Charge: The Advanced Practice Providers (APP) Section, working in cooperation with NCS leadership and the Executive Office, is to address the needs of Advanced Practice Providers within the Society and help them strengthen their positions at their institutions and enhance the education experience and quality of training.
    ii. Section Responsibilities:
        1. Coordinate the APP resources within NCS to improve quality patient care, contribute to meaningful research to improve clinical outcomes, and to advocate for the needs of patients and families affected by critical neurologic illness.
        2. Create opportunities for APP networking and communication.
        3. Facilitate APP collaboration with physician and nursing groups in the society.
        4. Develop educational forums and materials focused on the needs of APPs caring for neurocritical care patients.
2. **FELLOWSHIP DIRECTORS SECTION**
    i. Section Charge: The Fellowship Directors Section, working in cooperation with NCS leadership and the Executive Office, is to address the needs of fellowship directors and fellowship programs within the Society in order to help them strengthen their positions at their institutions as well as enhance the educational experience and quality of training for their fellows.
    ii. The Fellowship Directors Section, working in cooperation with NCS leadership and the Executive Office, is to address the needs of fellowship directors and fellowship programs within the Society in order to help them strengthen their positions at their institutions as well as enhance the educational experience and quality of training for their fellows.
    iii. Section Responsibilities:
        1. Create and maintain a current list of Fellowship programs, directors and other data such as the number of fellows in training, their backgrounds, etc.

2. Develop a national educational program(s) or course(s) to help meet some of the fellowship milestones.

3. NURSING SECTION

i. Section Charge: The Nursing Section, working in cooperation with NCS leadership and the Executive Office, is responsible for growing, strengthening, and diversifying the nursing voice within NCS.

ii. Responsibilities:

1. Better engaging current nursing members
2. Diversifying membership
3. Increasing nursing membership
4. Encouraging nursing involvement in annual meeting
5. Developing educational program for nurses
6. Hosting successful nursing program during annual meeting

4. PHARMACY SECTION

i. Section Charge: The Pharmacy Section, working in cooperation with NCS leadership and the Executive Office, is responsible for growing, strengthening, and diversifying the pharmacy voice within NCS.

ii. Responsibilities:

1. The Pharmacy Section is responsible for the following:
2. Better engaging current pharmacy members
3. Diversifying membership
4. Increasing pharmacy membership
5. Encouraging pharmacy involvement in the Annual Meeting
6. Developing educational program and webinars for pharmacists
7. Hosting successful pharmacy program during the Annual Meeting

5. RESIDENT/FELLOW SECTION

i. Section Charge: The Resident/Fellow Section, working in cooperation with NCS leadership and the Executive Office, is to promote active participation of residents and fellows, as well as trainees from all other fields, in all aspects of the NCS and to enhance the resources targeted towards trainees who will go on to work in neuro-ICUs, thereby enhancing exposure to the field of neurocritical care and the growth of the NCS.

ii. Section Responsibilities:

1. Develop an outreach program to physician, pharmacy and nursing trainees
2. Set up a mentorship program to enable trainee members to get guidance from experienced neuro intensivists for career planning, research and other interests
3. Increase awareness of the trainees' section of the neurocritical care journal, solicit more article submissions

4. Increase outreach at conferences of other societies, such as the AAN and SCCM, via small group session, mentoring luncheons and social events.
5. Continue to organize events at the NCS meetings targeted at trainees
6. Improve trainee experiences on the NCS website, by providing information about RFC events, fellowship, rotation and job information and links.
7. Identify ways to make it more affordable for trainees to attend the NCS meetings
8. Assess awareness about ENLS and the brain death toolkit among non-neurology trainees

6. WINCC (WOMEN IN NEUROCRITICAL CARE) SECTION

i. Charge: To discuss how women can succeed in this emerging medical subspecialty.

ii. Section Responsibilities:

1. Organize an educational activity at the NCS Annual Meeting each year to explore and identify personal and professional issues related to succeeding in the specialty of neurocritical care.
2. Coordinate year-round activities to meet the specific needs of women in neurocritical care.

7. NCC DIRECTOR SECTION (TBD)

8. NON-NEUROLOGISTS/INTENSIVISTS SECTION (TBD)

9. GLOBAL PARTNER SECTION

i. Charge: The goal of the Global Partnership program is to enhance communication between all societies of the world interested in Neurocritical Care. The purpose of the Global Partner Section is to foster communication and idea sharing.

ii. Composition: The Global Partner Section Chair is the NCS Past President. All Global Partners are encouraged to select one representative to the section.

iii. Responsibilities:

1. Foster communication with and among the Global Partners.
2. Assess the needs of the Global Partners.

C. Task Forces

Task Forces may be developed to work on a specific task or project. Task Force charges will define scope, tenure, and composition will be defined to meet the specific task. The Executive Committee will approve the formation and charges for all Task Forces. Note: Current Task Forces are listed in the Appendix and updated annually.

SECTION V: FINANCE

A. Finance Committee[7]

1. COMMITTEE CHARGE

i. The Finance Committee will assist the Board of Directors in discharging its responsibilities related to financial management, budgeting, and oversight.

[7] See full details regarding the Finance Committee composition and responsibilities in Committee Policy.

B. Budget, Financial and Monitoring System Policies

1. **POLICY STATEMENT**
    i. NCS will maintain a solid and diversified financial base. Financial procedures will include, but not be limited to, the procedures listed below.
2. **PROCEDURE**
    i. The Treasurer will review all Society invoices over $2,500 on a weekly basis. Once approved, the management company will submit payment.
        1. The Treasurer and Executive Director will be authorized to sign checks or approve wire transfers of the Society.
        2. A budget will be formulated annually. NCS will operate with an annual budget in which operating revenues equal or exceed operating expenditures.
            a. Each officer, committee chair, and the Journal Editor will submit a budget request annually to the Finance Committee for consideration for inclusion in the budget.
            b. The budget may modify the budget during the year. The Executive Committee has the authority to approve budget exceptions less than $10,000.
    ii. Budget exceptions over $10,000 will be submitted in writing to the Board of Directors. Modifications will appear in the minutes of the respective meeting.
    iii. An annual audit will be performed at the end of each fiscal year. A report of the audit will be made to the general membership at the Annual Business Meeting (copies will be available to members upon request).
    iv. The management company will prepare monthly financial statements and financial documents to the NCS leadership as follows:
        1. Annual Audit Board of Directors, Finance Committee
        2. Full Monthly Statement & Analysis Board of Directors, Finance Committee
        3. Budget Updates Board of Directors, Finance Committee
    v. Board members will address their questions to the Treasurer and Executive Director.

C. Financial Reserve Policy

1. **PURPOSE**
    i. To explain the importance of financial reserves and provide guidelines for maintaining adequate association reserves.
2. **DEFINITION OF RESERVES**
    i. Reserves are defined as the accumulated net surpluses of the Society, i.e., the unrestricted net assets as reported on the audited financials. The primary purpose of the reserve is to ensure that the Society has adequate funds available in the event of an unanticipated catastrophic event or business situation that reduces reserves and threatens the financial viability of the Society. A secondary purpose of the reserve is to support special projects in the event a single or multiple strategic initiatives should surface outside of the annual budgeting process. This means that should a strategic initiative surface during the course of the year, a Board member may make a motion to the full Board of Directors to fund such an initiative. An initiative is defined as a chance for the Society to invest in an action that will benefit the Neurocritical Care Society membership.
3. **FUNDING REQUIREMENTS**
    i. The Society shall have a goal of maintaining reserves of no less than sixty five percent (65%) of annual budgeted expenses averaged over a three year period. In the event the goal of 65% of annual operating expenses is not achieved and reserves are less than 60% of average annual operating expenses, the Treasurer shall notify the Executive Committee of a variance. Where reserves are below 60%, the Neurocritical Care Society's Executive Committee may direct the Executive Director to put a cap on any new-project funding or special initiative funding through the reserves. Also, this occurrence would trigger a process through which the Finance Committee would convene to recommend necessary and sufficient corrective actions to pursue a recovery plan by 1) using the next-year's budget surplus sufficient to rebuild the reserves' floor to a minimum of 60% of annually budgeted expenses, or 2) using a two-year budget cycle to rebuild the reserves' floor to a minimum of 60% of annually budgeted expenses. In either case, the recommendations shall be presented to the Executive Committee for immediate action.
4. **OPERATING BUDGET HISTORY OVER PAST FEW YEARS**

2013	$1,472,929	AVERAGE OPERATING BUDGET OVER PAST THREE YEARS: $1,596,967.67
2014	$1,728,278	RESERVES BASED ON 65% OF OPERATING BUDGET OVER THREE YEARS: $1,038,028.99
2015	$1,589,696	CURRENT INVESTED FUNDS PER 10/31/16 PRELIMINARY BALANCE SHEET: $1,553,723.24
2016	$1,589,665	STRATEGIC USE OR LONG RANGE INVESTMENT FUNDS: $515,694.25
2017	$3,066,787	TRANSFER FROM L&L TO SMITHBUCKLIN IN MARCH 2017
2018	$3,473,880	FIRST FULL YEAR WITH SMITHBUCKLIN,
2019		TBD

D. Investment Policy

1. OPERATING RESERVE OBJECTIVE

The primary Operating Reserve Investment Objective is to optimize yield on the NCS short-term assets while maintaining adequate liquidity and without taking excessive principal risk. To achieve these objectives, NCS's Operating Reserves will be allocated into three tiers designed to meet the specific safety, liquidity, and yield criteria. Those categories are: Operating Funds, Liquid Assets, and Fixed Income Assets, each of which is defined below.

i. Tier 1 — Operating Funds

The purpose of this tier is to assure adequate cash for operations. To achieve this goal, the Committee (acting through its designated agents) will match Tier 1 investment maturities to the organization's cash flow and draw-down requirements. In no event, however, will Tier 1 maturities exceed 180 days.

ii. Tier 2 — Liquid Assets

The purpose of this tier is to provide a liquidity reserve above and beyond the cash for operations maintained in Tier 1. When investing liquid assets, the Advisor will emphasize safety, liquidity, and yield, in that order, utilizing investment grade securities with staggered maturities of 1 to 5 years to a maximum of 60 months. The weighted average duration of Tier 2 assets shall be in the 1.5-3-year range.

iii. Tier 3 — Fixed Income Assets

This portion of the operating reserve portfolio is designed to maximize return, consistent with safety of principal. Liquidity is a secondary objective utilizing investment grade securities. Maturities should be reasonably laddered out to a maximum of 120 months. The weighted average duration of Tier 3 assets shall in the 3 to 5-year range. It is acceptable for there to be some principal fluctuation and risk in this tier in an effort to earn a greater total return.

iv. Maintenance of Tiers

The Committee will periodically determine the allocations to each tier based on prior years' cashflow and reserve levels as well as anticipated future spending. In making these allocations, they may rely on the cash flow projections of the designated financial officer. The initial amounts to be maintained in each tier are as follows:

OPERATING RESERVE TIERS

Tier	Description	Primary Purpose	% of Account
3	Fixed Income Assets	Incremental total return with safety	55%
2	Liquid Assets	Incremental yield with liquidity	25%
1	Operating Funds	Ready cash for 2.0 months of operations	All $'s in excess of Tiers 2 and 3, but never less than $300,000

2. CASH FLOW MANAGEMENT

NCS's designated financial officer will be responsible for managing NCS's cash-flow and for communicating anticipated distributions and liquidity requirements in a timely manner to NCS's Consultant and/or Investment Advisors who are managing the Tiers.

3. ASSET QUALITY

Within the three tiers described previously, investments shall be made exclusively with the following securities, each of which shall conform to the stated quality requirements:[8]

[8] Approved March 2017

ASSET QUALITY AND DIVERSIFICATION GUIDELINES			
INSTRUMENT	**TIER TARGETS**	**QUALITY AND DIVERSIFICATION GUIDELINES**	**PERMITTED MATURITIES**
U.S. Treasury Securities	Tiers 1, 2, and 3	$500,000 per issue maximum; Treasuries and agencies should comprise at least 50% of portfolio	120 months or less, subject to more restrictive Tier Requirements
U.S. Government Agency Securities	Tiers 1, 2, and 3	$500,000 per issue maximum; Treasuries and agencies should comprise at least 50% of portfolio	120 months or less, subject to more restrictive Tier Requirements
U.S. Corporate Debt	Tiers 1 and 2	Minimum investment grade rating $500,000 per issuer maximum;	60 months or less, subject to more restrictive Tier Requirements
U.S. Corporate Debt	Tier 3	Minimum investment grade rating $500,000 per issuer maximum;	120 months or less, subject to more restrictive Tier Requirements
Commercial Paper	Tiers 1 and 2	Rated P-1/A-1 $500,000 per issuer maximum	270 days or less
Certificates of Deposit	Tiers 1 and 2	Institution rated A or better $100,000 per issuer maximum; FDIC insured	12 months or less (except for negotiable CD's which are subject to the U.S. Corporate Debt restriction)
Money Market Funds	Tier 1	Government Only, No Retail or Institutional funds permitted.	Daily demand

E. Investment Changes

1. POLICY STATEMENT

A solid and diversified financial base will be maintained by NCS. Reserve funds will be kept to assure fulfillment of obligations and to offset the effects of an operating reversal. These funds will be invested to maximize returns subject to prudent levels of risk.

i. The Treasurer and Executive Director, in consultation with the Society's selected investment manager, are responsible for managing investments consistent with the BOD-approved investment policy. It is the responsibility of these two individuals to keep the Executive Committee and the full BOD informed of all financial decisions and provide them with all information relative to the Society's financial health.

ii. All investments shall be reviewed 1) monthly by the Treasurer, Finance Committee, and Executive Director; and 2) quarterly by the Executive Committee. Any changes in the fund account investments must be authorized by at least two officers. The investment policy will be re-evaluated at least annually. Quarterly and annual reports should include comparisons to appropriate benchmarks.

F. General Reimbursement Policy Statement

The BOD may provide for the reimbursement of any director, officer or member for reasonable expenses incurred in carrying out the business of the Society. Expenses that have been budgeted will be reimbursed. Non-budgeted expenses must be approved by the NCS Executive Committee or BOD based on policy Budget, Financial and Monitoring System Policy.

1. **PROCEDURE**
    i. Committee chairs and members may be reimbursed for expenses associated with their respective committee meetings as determined through the Society's annual budget process.
    ii. The Society will reimburse expenses incurred by any NCS member expressly related to Society business, given that such activity has been at the request of the BOD.
    iii. Questions about eligibility for funding/reimbursement should be directed to the Treasurer. If a dispute arises regarding reimbursement, the issue will be brought to the Executive Committee for decision.
    iv. Approved expenses incurred on behalf of the Society will be reimbursed as submitted using the NCS Reimbursement Request Form.
        1. All requests for reimbursement and receipts for expenses incurred during the approved travel should be submitted to NCS Headquarters within 30 days of the occurrence of the expense.
        2. NCS Headquarters will review requests and prepare reimbursement checks for the appropriate signature within one month of receipt of the completed form.
        3. In accordance with IRS requirements, original receipts for expenses of $25 or more must be submitted with the reimbursement request form.
    v. Miscellaneous Expenses (Postage, supplies, printing and copying)
        1. The receipts for each item submitted should be included with the reimbursement request form to NCS Headquarters. Copies of the receipts should be retained for personal records.
        2. Personal expense items will not be reimbursed.
    vi. Travel Expenses (Airfare, ground transportation and personal auto usage)
        1. Air transportation must be booked at coach class. Every attempt should be made to book reservations as early as possible. Volunteers will be responsible for any additional cost incurred for flights not booked by the advance reservation cut-off date set for the event and for flight changes after original booking.
        2. Ground transportation will be reimbursed only for travel to and from the airport of the departure city and between the airport and hotel of the city where the meeting is being held. Limousine type of service will not be reimbursed. All other cab fare is included in per diem.

3. Personal auto use will be reimbursed at the IRS-established mileage rate and will be reimbursed only after the travel has been completed.

vii. Hotel Expenses
   1. Whenever possible, NCS will establish a master account with the hotel where a meeting is being held. Charges for room and tax, based on double occupancy, will be billed directly to NCS.
   2. Board and committee members will be responsible for all additional charges to their rooms. The established per diem should be used to cover all other eligible expenses.

viii. Per Diem Expense
   1. Board members, committee chairs and members will be reimbursed a per diem up to $75 per day unless otherwise determined by the Board
   2. The number of days that NCS will reimburse a per diem for each meeting will be determined during the budgeting process.

G. Annual Meeting Invited Speaker, Guests, Planning Reimbursement Policy

1. **PURPOSE**
   Define the stratified levels of financial support and procedures for administering such support for the invited speakers and professional volunteers of NCS. Volunteers give their time and talent for the benefit of NCS and thus should be supported. Provision of this support will inspire new leadership and volunteer involvement.
2. **NCS VOLUNTEERS AND INVITED GUESTS**
   i. Complimentary Registration: The Annual Meeting Planning Committee Co-Chair, Workshop directors and Honorary Members may elect to receive complimentary registration (not including pre-conference workshops and extra cost events). Note: NCS Officers reimbursement is covered in the BOD section.
   ii. Registration Discounted to 50%
      1. Annual Planning Committee Members (must participate in >50% of conference calls and attend the face-to-face meeting)
      2. Workshop Chairs, Scientific Committee Chairs, Practice Update Chairs, Session Moderators (Chairs) (must moderate at least two sessions), representatives from the Development Committee, Nursing Committee, Pharmacy Committee, Research Committee, Resident and Fellows Committee, and the WINCC Committee.
   iii. Specialty Focus Corner chairs/ faculty: No discounts or reimbursement
3. **INVITED SPEAKER POLICY REIMBURSEMENT AND ANNUAL MEETING PLANNING PURPOSE**
   The NCS Executive Committee requests adherence to the budget when making faculty decisions. The NCS prohibits faculty or planning committee members from accepting additional payments or reimbursements, other than the guidelines outlined below, from any commercial interest for presentations during NCS CME activities. The NCS does not provide honoraria for member faculty. This portion defines the speaker reimbursement policy of NCS.
   i. Keynote: 100% off meeting registration, reimbursement of coach airfare, 2 nights at host hotel and $2,500 honorarium (only provided if requested), and transportation to and from hotel. Air transportation must be booked at the lowest available coach or economy rates through the NCS travel agent unless prior approval is provided. Air transportation maximum spending will be sent on an annual basis based on location. Allow for $1500 honorarium for one additional invited speaker.
   ii. Member speakers: 50% off meeting registration, no honorarium (anticipated participation: 50). EXCEPTION: Special consideration will be given to active members who reside in Group B countries for some assistance towards their travel expenses (not to exceed $500).
   iii. Workshop Faculty (speakers): 50% off meeting registration, no honorarium.

iv. Non-Member speakers: Non-member speakers may be invited to present because of his/her unique expertise and experience in a specific topic. 100% off meeting registration, reimbursement of coach airfare 2 night's hotel, no honorarium. Air transportation must be booked at the lowest available coach or economy rates 30 days in advance through the NCS travel agent unless prior approval is provided. Air transportation maximum spending will be sent on an annual basis based on location. Non-member speakers must be scheduled to speak in more than one session.
v. Non-Member International Speakers: 100% off meeting registration, reimbursement of coach airfare, 2 night's hotel, unless additional needed due to speaking schedule with a maximum of three nights. Air transportation must be booked at the lowest available coach or economy rates through the NCS travel agent unless prior approval is provided. Air transportation maximum spending will be sent on an annual basis based on location. Nonmember speakers must be scheduled to speak in more than one session.
vi. Oral Session Speakers: No discounts or reimbursement
vii. NOTE: No other gratis meeting registration will be provided unless the request has been reviewed and approved by the Executive Committee.

H. Board of Director Reimbursement Policy

1. **PURPOSE**

   To define eligibility for NCS funding and guidelines for reimbursement of expenses incurred by the BOD on behalf of NCS.

2. **POLICY STATEMENT**

   The BOD may provide for the reimbursement of any director, officer, and Past Presidents for reasonable expenses incurred carrying out any business of the Society by giving of their time and talents in the governance of the Society. Expenses that have been budgeted will be reimbursed. Non-budgeted expenses must be approved according bylaws and policies.

3. **EXPENSES FOR IN-PERSON BOD MEETING OUTSIDE OF THE ANNUAL MEETING**

   Board Directors, Officers and Past Presidents will be reimbursed for the expenses delineated under Section III below for Board Meetings occurring outside of the Annual Meeting in accordance with the NCS travel procedures.

4. **ANNUAL MEETING REIMBURSEMENT**

   i. NCS Officers may elect to receive complimentary registration, round trip coach airfare, ground transportation, lodging, and per diem in accordance with the NCS travel procedures.
   ii. NCS Board Directors and Past Presidents will receive complimentary registration not including pre-conference workshops and extra cost.

5. **TRAVEL EXPENSE PROCEDURES**

   i. Air transportation must be booked at the lowest available coach or economy rates through the NCS travel agent unless prior approval is provided. Every attempt should be made to book reservations as early as possible. Volunteers will be responsible for any additional cost incurred for flights not booked by the advance reservation cut-off date set for the event and for flight changes after original booking.
   ii. Ground transportation will be reimbursed only for travel to and from the airport of the departure city and between the airport and hotel of the city where the meeting is being held. Limousine type of service will not be reimbursed. All other ground transportation fares are included in per diem.
   iii. Personal auto use will be reimbursed at the IRS-established mileage rate and will be reimbursed only after the travel has been completed. Rental autos will not be reimbursed.
   iv. Hotel occupancy expenses for the evening(s) when an in-person meeting occurs will be paid via the NCS master account. Consideration for an additional night will be given to Board members traveling over four hours. Whenever possible, NCS will establish a master account with the hotel where a meeting is being held. Charges for room and tax will be billed directly to NCS. Board members will be responsible for all additional charges to their rooms. The established per diem should be used to cover all other eligible expenses.
   v. Per Diem Expenses

1. Board members will be reimbursed a per diem up to $75 per day unless otherwise determined by the Board.
2. The number of days that NCS will reimburse a per diem for each meeting will be determined during the budgeting process.
3. An expense report with itemized receipts must be completed to receive reimbursement.

I. Director/Officers Insurance/Conference Cancellation Policy

1. **SUBJECT**
   Liability, Directors and Officers, and Conference cancellation Insurance Policies
2. **PURPOSE**
   NCS will maintain insurance coverage at a level that protects the assets of the organization and the volunteer leaders.
   i. Process: The management company will research and solicit bids for general liability, Director and Office and conference cancellation coverage and present this to the Executive Committee and the Board.

J. Management Company: Needs and Contract Review

1. SUBJECT

Management Company

2. PURPOSE

i. To delineate the needs of the Society of a management company to help direct a contract between the Society and a management company.

ii. To assist in the day to day running of the Society. Examples include but are not limited to with the respective committees and members:

1. Managing membership
2. Maintaining and updating the website
3. Proposing an annual budget
4. Annual meeting support: including: site-evaluation, preparation, management of the meeting, assisting with speaker arrangements, collating and distributing to Board the evaluation of the speakers and meeting
5. Assist in obtaining CE credit for the annual meeting that is in compliance with ACCME, ANCC and ACPE.
6. Retaining an auditor to keep with fiscal compliance with regard to the Sarbanes Oxley law

3. PROCESS

i. The Board will annually evaluate and approve the annual fees

ii. The Executive Committee will annually evaluate the performance of the management company and make recommendations to the Board

1. General Services Agreement should reviewed every three years
2. Annual Fees - Annually
3. Scope of Services – Annually

K. Whistleblower Policy

1. POLICY STATEMENT

NCS prides itself on its adherence to federal, state, and local laws and/or regulations, including business ethics policies. As such, even though it is not obligated to do so, the Organization has decided to voluntarily adopt a whistleblower protection policy. Pursuant to this policy, any employee who becomes aware of any violation of federal, state, or local law or regulation, including any financial wrongdoing, should immediately report the violation to the Executive Director to allow the organization to investigate and, if applicable, correct the situation or condition.

If the Executive Director is involved or is believed to be involved in the matter being reported, employees may, in the alternative, make a report to NCS's legal counsel. NCS will conduct an investigation and take appropriate action within a reasonable period of time. Such complaints will be held in confidence to the extent the needs of the investigation permit.

"Financial wrongdoing" may include, but is not limited to:

i. questionable accounting practices;
ii. fraud or deliberate error in financial statements or recordkeeping;
iii. deficiencies of internal accounting controls;
iv. misrepresentations to company officers or the accounting department (including deviation from full reporting of financial conditions).

If any employee reports in good faith what the employee believes to be a violation of the law and/or financial wrongdoing to NCS, its legal counsel, or to a federal, state, or local agency or assists in an investigation concerning financial wrongdoing, it is NCS's policy that there will be no retaliation taken against the employee.

Employees are reminded of the importance of keeping financial matters confidential. Employees with questions concerning the confidentiality or appropriateness of disclosure of particular information should contact the Executive Director.

SECTION VI: THE NEUROCRITICAL CARE JOURNAL

PURPOSE

Neurocritical Care is the official journal of the society. This policy is to help direct the goals of the journal and the relationship between the Society and the publisher of the journal.

1. All members shall receive the journal electronically. Members may elect to receive a printed edition for a nominal cost.
2. The Society shall maintain a contract with the publisher. The current contract is for 2018-2020.
3. The Executive Committee with the Editor-in-Chief evaluates the contract with the publisher and makes recommendations to the BOD.
    i. Evaluates the progress/growth and revenues of the journal and makes recommendations
    ii. Evaluates the submission process and supports the Editor-in-Chief in increasing quality submissions.
4. Editor-in-Chief
    i. Shall be a 5-year term with an annual contract will be established and approved by the BOD.
    ii. Shall select the editorial board with changes as he/she deems necessary.
    iii. Shall submit an annual budget to NCS to support the operations and growth of the Journal.
5. Associate Editors
    i. The Editor-in-Chief may select associate editor(s) as he/she deems necessary within the budgetary guidelines.
    ii. Shall be a 1-year term with an annual contract established by the Editor-in-Chief.

SECTION VII: ANNUAL MEETING

A. General Policies and Procedures

1. **PURPOSE**

   To create a template whereby the Annual meeting will be conducted.

   i. The committee will ensure Continuing Medical Education, Nursing Education Credits, and Pharmacy Education Credits are offered to attendees

   ii. Location and Dates of the meeting:
      1. The meeting locations will be determined at least 3 years in advance.
      2. The BOD will be consulted regarding location and location rotation.
      3. The Executive Committee will determine options with the management company and make the final determination on the location.

   iii. Format of the meeting:
      1. The format of the meeting will be decided by the Annual meeting committee. Significant deviations from the current format should be discussed with the BOD.
      2. Will be held per Bylaws once a year in the Fall.
      3. The Annual meeting will be at least 2 full days
      4. A pre-session meeting may be held as decided that may be 1 day and no more than 2 days
      5. Meeting theme can be decided by the program committee and approved by the Executive Committee

   iv. Budget:
      1. Will be predetermined by the Finance Committee and Approved by the BOD.
      2. As noted below and by BOD resolution April 2009, the speakers' travel and honoraria annual expenses will be capped at $20,000 annually.

   v. Invited Speakers
      1. As the program is decided by the program committee, speakers will be invited by the program chair the template letter

   vi. Speaker Reimbursement (see Annual Meeting Reimbursement Policy)

   vii. Speaker Stipends: Annual Meeting keynote note speakers will be paid an honorarium of $2500 and allow for a $1500 honorarium for one additional invited speaker.

   viii. Scientific Sessions
      1. The Chair of the Scientific Sessions will be determined by the President
      2. A call for abstracts will occur
         a. Only original work will be accepted
         b. A call for abstracts should be sent out earlier with no deadline extensions.

   ix. Evaluations

1. Will be collected for CME purposes as well to help determine speakers and lectures for the following years

x. External Endorsements of the AM:

1. The annual meeting committee will seek endorsements that do not cost money.

2. ANNUAL MEETING COMMITTEE

Refer to Committee Section

3. NCS INVITED SPEAKER POLICY FOR ANNUAL MEETING

See Finance Operations Section

4. ROLES AND RESPONSIBILITIES

i. Annual Meeting Committee Chair

1. Determine AMC members
2. Lead/Facilitate AM Calls
3. Accept/Reject session proposals from outside sources and committee
4. Participate in discussions around theme, keynotes, types of programming and content
5. Decide or delegate the selection of workshop chair/directors and session moderators and speakers

ii. *Executive Office*: Logistics, contracts and execution is facilitated by Executive Office Staff.

iii. *Moderator/Workshop Director/*Speaker: A session will have either a moderator, or workshop director depending on what has been previously determined by the Annual Meeting Committee Chair. Some of these roles may overlap.

1. *Moderator*:
    a. Introduction of speakers
    b. Make sure speakers are starting/ending on time during the meeting presentation
    c. Additional point of contact for speakers regarding content
2. Workshop Director:
    a. Responsible for suggesting speakers (no more than 4 and they must be NCS members)
        i. Please note: speakers must first be vetted and approved and will be invited by the Executive Office
    b. Responsible for creating timing/flow/schedule
    c. Responsible for communicating learning objectives and workshop description for program to AMC Chair, Workshop Chairs, speakers and Executive Office
    d. Point of contact for speakers regarding content, schedule, goals
    e. Responsible for finding workshops sponsors/in kind donations as needed
    f. Responsible for communicating any needs (AV, room set, materials, etc.) to the Executive Office by set deadlines.
    g. Responsible for providing any requested materials/info for Executive Office

3. *Speaker:*
    a. Responsible for delivering an engaging, non-biased presentation on the topic selected
    b. Provide slides to Executive Office IN ADDITION to the speaker upload site
    c. Must fill out appropriate paperwork by communicated due dates

iv. *Member submitted session proposals*: A call for proposals from the general membership will occur in November. These session proposals will be ranked by members of the annual meeting committee. One session will be selected and slated for presentation at the annual meeting.

v. *Travel Grants:* Travel grant monies, when available, will be used to fund travel for residents, nurses, and pharmacists. A call for applications will occur in the spring. Applications will be reviewed by the Annual Meeting Committee.

vi. *Annual Business Meeting:* Reports and Standing Rules

vii. *Annual Report (Bylaws)*: The Treasurer shall present at the Annual Meeting of members a report certified by a firm of independent public accountants selected by the board or verified by a majority of the directors, showing in appropriate detail the following:

1. A summary of the assets and liabilities, including the trust funds, of the Society as of the end of the last fiscal year.
    a. Any significant changes in assets and liabilities, including trust funds, during said fiscal period.
    b. A summary of the revenue or receipts of the Society, both unrestricted and restricted to particular purposes during said fiscal period.
    c. A summary of the expenses or disbursements of the Society for both general and restricted purposes, during said fiscal period.
2. For admission to the annual business meeting, members shall be required to wear the official badge issued at registration. Non-members of the Association may attend the meeting.
3. Members may speak and debate at the meeting (limited to 2 minutes).
    a. Limited to speak and debate no more than twice to the same question
    b. Members who have spoken once must wait to speak again until another member who wishes to address the meeting has spoken.
    c. All main motions offered by an individual shall be in writing, signed by the Person, have second motion, and then shall be sent to the President at the podium who will recognize the speaker.

B. Sessions/Format: Scientific, Leadership Development, Workshops, and General Sessions including Keynote

1. Template for meeting: See Appendix
    i. Preconference workshops over 1-2 days
    ii. Preconference educational sessions, such as Practice Update, Professionalism and Leadership, Research Mentorship and ENLS
    iii. General meeting sessions over 2-3 days, which will include the following designated sessions annually: translational science, guidelines (when appropriate), pro/con debate, women in neurocritical care (WINCC) and at least one member-submitted session.
2. Session Descriptions: Workshops, Lectures, pro/con debates, and research oral abstracts

C. Joint Sessions with other organizations

1. A request for a special session made to annual meeting chair to host a session at the NCS meeting and then reciprocate at the other organization's annual meeting. These may or may not occur on an annual basis.

D. Awards Ceremony

1. *Best Abstract Award:* One award will be given at the Annual Meeting for the outstanding scientific abstract submitted by a member of the society.
    i. One must be a current member of the NCS at the time the abstract is submitted.
    ii. Previously presented abstracts will not be considered for the award.
    iii. The recipient is required to attend the AM.
2. *Cristanne Wijman Young Investigator Award:* One award will be given at the AM for the outstanding abstract submitted by a junior member of the society (student, resident, or fellow).
    i. One must be a current member of the NCS at the time the abstract is submitted.
    ii. One must be a high school, college, or health professional school student, resident or fellow at the time of submission to qualify for the award.
    iii. Only abstracts that are designated for consideration for the Young Investigator Award by the author during the submission process will be considered.
    iv. The recipient is required to attend the Annual Meeting.
3. *FNCS Awards:* awarded at the AM
4. *Fellowship Grant, Research Grant, and other Scholarly Awards:* awarded at the AM

E. Fundraising social events (Fun Run, Golf, Soccer, etc.)

1. Fundraising events will be held in conjunction with the AM for the purpose of raising funds for the NCS research program. All events will comply with local, state, and federal laws.

F. Specialty Focus Corners

1. Specialty group or section meetings held to provide an opportunity for members to gather and discuss issues related to practice.

G. Access for Disabled Persons at the Annual Meeting

1. **PURPOSE**

   The NCS is committed to providing full and reasonable access to persons with disabilities at all of the Associations educational, business, and meeting sessions, and taking into consideration the limitations of the facilities where the meetings are held.

SECTION VIII: NCS WEBSITE/SOCIAL MEDIA AND EMAIL BLAST

PURPOSE

The NCS website, www.neurocriticalcare.org, NCS social media accounts, and email are a communication medium utilized by the Society for reaching out to members and nonmembers. The purpose of the NCS website is to provide information about the Society's products and services, and to provide content and resources on the specialty of neurocritical care. Content posted to, contained within, linked to, or from the NCS website must always meet the standards of practice and ethics as defined in the NCS bylaws.

A. NCS Website

1. **WEBSITE OVERSIGHT AND MAINTENANCE**
    i. General content for the website and social media is monitored and updated by the Executive Office staff, volunteers and contracted employees as determined by project scope, need and status of various website sections.
2. **EXECUTIVE OFFICE STAFF RESPONSIBILITIES**
    i. Individual staff members will update content and maintain the site on a regular basis.
    ii. Staff will conduct an overall site effectiveness review annually. This will include a review of website optimization, site navigation links and flow between content management pages.
3. **CONTENT GUIDELINES**
    i. The NCS website is to provide information about the Society's products and services, and to provide content and resources on the specialty of neurocritical care.
    ii. Practice-related content should relate to current neurocritical care issues and interests and should be primarily informational or service oriented.
    iii. Content related to meetings, conferences, and products not hosted or produced by NCS is limited that of NCS partners including endorsed conferences.

B. Social Media Best Practices and Guidelines

1. **POSTING**
    i. Only NCS staff and designated volunteer members can use social media to speak on behalf of NCS. NCS posts should not be posted from personal social media profiles. Each social media community has a designated administrator and is overseen by the NCS community manager. Posting approval is not required for these administrators.
2. **MONITORING**
    i. Social media community administrators should monitor communities daily to ensure that any SPAM or sales related posts are removed in a timely fashion, and that any comments or messages requiring a response are attended to promptly.
3. **RESPONSE**
    i. If a question is posted on a social media channel, the NCS community administrator or staff member should make every effort to respond to the inquiry within 24 hours. If the question is content-specific, the inquiry should be referred to an appropriate subject matter expert and the inquirer should be advised that an answer will be forthcoming.
4. **CONNECTIONS**
    i. NCS community administrators and staff should use discretion when accepting connection requests on social media channels. Staff and volunteers representing NCS are not obligated to connect or participate in groups on their personal networks.
    ii. When doing outreach through NCS social media channels (liking other pages, following Twitter accounts, etc.), every effort should be made to ensure that the organization or individual being reached out to is aligned with NCS and its mission.
5. **FREQUENCY**
    i. Content should be posted frequently enough to keep followers engaged and active, but not too often to become overwhelming or obnoxious to the community.
    ii. Frequency guidelines:
        1. Twitter: Posting several times a day is acceptable, but posters should refrain from repeating the same content or posting several times within a short time period (unless participating in a Twitter chat or other real time conversation).
        2. Facebook: Daily posts and shares are optimal but posting three times a week will show consistent activity and engagement.
6. **CONTENT**
    i. Content should seek to engage users, rather than simply broadcast the organization's promotions. Following NCS's plan, postings should be applicable to our target audience (but not exclusionary) and feature "hard" news and relevant content. Existing content owned by NCS will be repurposed as appropriate for social media outposts. NCS encourages community

administrators and staff to repost information or respond to followers to encourage interaction on social media channels.

7. **RESPONDING TO NEGATIVE POSTS**
    i. NCS community administrators should use good judgment when deciding if and how to best respond to negative comments. In general, negative comments (unless they are offensive or violate privacy laws) should not be removed. If a response is required, the NCS community administrator should respond to the comment or inquiry within 24 hours. If the question is content-specific, the inquiry should be referred to an appropriate subject matter expert and the inquirer should be advised that an answer will be forthcoming. If an administrator is uncertain of a response, the community manager and/or executive director should be consulted.
8. **SOCIAL MEDIA GROUP ADMINISTRATION**
    i. Administrative or moderator rights to NCS social media platforms will be granted to staff or volunteers at the organization's discretion. Administrators and moderators are expected to abide by the code of conduct outlined in this document. Status may be revoked by the community manager or executive director.
9. **SOCIAL MEDIA PASSWORDS**
    i. Password and login credentials on all social media channels are to be managed by the NCS community manager. This information will be shared with staff or volunteer community administrators or those asked to post for a specific event, campaign or announcement. Passwords should be changed periodically to avoid being compromised. When a password is changed, it is the responsibility of the community administrator or community manager to notify others. The NCS community manager will maintain a document containing all passwords.
10. **PROHIBITED CONTENT**
    i. Confidential/Proprietary: Any confidential or proprietary information of NCS should not be shared on social media platforms. This includes, but is not limited to, financial information, organization strategy or official announcements yet to be made (embargoed information).
    ii. Copyrighted Information: Photos and content that NCS does not own may be shared but should not be shared or copied without proper acknowledgement. Third party copyrighted content should not be posted without written or legal permission.
    iii. Administrators can refer directly to copyrighted material on websites or social media profiles that belong to the copyright holder.
    iv. Personal Information: It is not advised to share any personal or contact information. If a volunteer or staff member chooses to do so, it is at their own discretion.
11. **DISCLAIMERS**

    The following are proposed disclaimer messages to protect NCS in the social media space.
    i. Facebook and Twitter: The purpose of this Facebook/Twitter page is to actively share information and engage in conversations around issues related to Neurocritical care healthcare

delivery. NCS welcomes and encourages participation in discussions. However, we also reserve the right to remove inappropriate or offensive posts, along with those that may violate patient privacy laws. We ask you to use the following guidelines:

1. Please do not use offensive or hurtful language. Be respectful of other points of view, even if they differ from your own.
2. Do not mention names of patients, doctors or colleagues. All HIPAA regulations must be followed.
3. Refrain from posting self-promotional products or services.
4. NCS intends to share information that is useful to professionals in healthcare with specific interest in neurocritical Care. Content should not substitute for medical advice. If you are concerned about your health or have medical questions, please consult with your healthcare provider regarding your individual situation.
5. The information shared on the NCS page contains personal opinions and views of individuals. It is not necessarily condoned, approved or reflective of the official views of the NCS. NCS reserves the right to remove inappropriate or offensive posts, along with those that may violate privacy guidelines.

C. NCS Email Blast/SPAM Policy

1. The NCS has multiple options available for the distribution of information. These options include:
    i. Quarterly newsletter, the Currents
    ii. Bi-monthly journal, the Neurocritical Care Journal
    iii. Monthly President's Message
    iv. Social media including Twitter and Facebook
    v. Publication on NCS website
    vi. Email Blasts
2. This Email Blast Policy has been developed to gain control over the large number of requests NCS receives for email distribution and to ensure NCS members do not opt out of receiving future email communication. It pertains only to those email blasts intended for distribution to the entire membership.
3. **EMAIL BLAST POLICY**
    i. Emails blasts are only allowed for Society-approved activities or those that are deemed necessary to help fulfill the mission of the Society. Whenever possible, alternate distribution formats should be utilized.
    ii. No email blasts will be considered for competing lines of business, i.e., educational products, publications/print media, lectures/symposia/webinars/meetings, etc.
    iii. Only meetings that are endorsed by the NCS AND provide ENLS, On-demand or publication purchase component will be considered for email blast distribution. NCS will consider providing exposure for other meeting requests using alternative distribution channels such as the Future Medical Meetings link on the NCS website.
    iv. Survey requests will be included in a monthly email prepared and approved by the Research Committee; NCS will provide exposure through alternative distribution channels including the monthly President's Message and an Active Surveys link on the NCS website.
    v. Paid email blast requests received from non-profits and for-profits will be considered on a case-by-case basis and will be allowed only if the information does not compete with NCS' mission or lines of business.
    vi. Society-approved activity email blasts do not require prior approval. All other requests must receive written authorization by the President or his/her designee in advance of sending the email blast if it is not directly related to an NCS approved activity.
    vii. No more than two email blasts will be sent in any given week. The Executive Office will be responsible for scheduling email blasts so they do not overlap. Preference will be given to time-sensitive and Society-approved activity emails.
    viii. Email blasts are one-time only; no reminder emails will be sent. Reminders will occur using alternate distribution channels. On occasion, reminders regarding NCS' Annual Meeting or products may be sent.

SECTION IX: EXTERNAL RELATIONS- AMBASSADORS FOR NCS TO OTHER ORGANIZATIONS and BOARD REPRESENTATIVES

A. Purpose – External Ambassadors

1. NCS will need to develop and enter into external relationships with other organizations in order to fulfill the mission and vision. NCS may seek the relationship or other organizations may request representatives of the NCS to their committees or organizations.

B. Definitions

1. TYPES OF RELATIONSHIPS BETWEEN NCS AND EXTERNAL SOURCES

Ambassador:

i. The Ambassador program offers NCS leaders an opportunity to further the mission and vision of the society. Ambassadors may be appointed to develop relationships on behalf of the society with other organizations, or to serve as the NCS representative in the development of position statements, standards and other documents, participate in workshops or summits, research activities and work with regulatory agencies at the federal or state level.
ii. Ambassadors are appointed by the President. At the time of the appointment, the Ambassador will receive written communication outlining the Ambassador role, expected term of responsibility and any background information related to the appointment from the executive committee.
iii. NCS Ambassadors are expected to provide formal written updates to the Executive Committee annually or more frequently depending on scope of work or if critical issues arise.
iv. The ambassador will be provided a guide outlining the NCS Mission, Vision, structure (management and committees), strategic plan overview and summary of other key initiatives.
v. Ambassador terms will vary depending on appointment, and should not exceed 4 years. Ambassadors may be re-appointed if appropriate.
vi. The Ambassador role may require a memorandum of understanding (MOU) or some other documentation of scope and responsibilities between the partnering organizations. This will be evaluated on an ongoing basis by the President and Executive Director
vii. Strategic Alliance: Ongoing, close relationship between NCS and another Professional society or organization that helps fulfill the mission and vision of NCS. Resources may be committed to this type of alliance
viii. Affiliation: A limited relationship, time or project in nature, between NCS and another organization that serves to benefit NCS members. Resources may be committed to this type of alliance

ix. Corporate Partnership: Complementary relationship between NCS and a Commercial organization that contributes to meeting the mission and vision of NCS.

C. Process

1. Annually, the President and Executive Director will;

a. review existing Ambassador relationships and prioritize organizations that may benefit from an Ambassador relationship.

b. Outline the roles and responsibilities of the ambassador, and dialogue with partnering society to ensure they are in agreement with vision and responsibilities

c. Appoint (or reappoint) an Ambassador for the role outlined above.

D. Reporting

Content for Ambassador Report

Neurocritical Care Society Ambassador Report

1. Date:
2. Name:
3. NCS Ambassador to:
4. Description of Meeting/Event/Ongoing work: (what was the purpose and/or structure?)
5. Approximate number of Attendees (if applicable):
6. General attendee or society demographics (if applicable):
7. Were there key themes that emerged during the Ambassador activity?
8. Were there any discussions that link to NCS mission, vision, strategic plan or other key initiatives? (Eg. list out strategic plan categories, committees)
9. Were there any key discussion or emerging trends that NCS should be aware of and monitor?
10. Based on what you heard and/or learned as a representative, do you recommend any follow-up or further work?
11. Did you come across any potential collaborative or advocacy opportunities for NCS?
12. In addition to what is discussed above, are there any other implications for NCS?
13. Any additional comments?

Ambassador Report Form

Date: _____
Name: _____
NCS Ambassador to: _____

Description of Meeting/Event/Ongoing work: (what was the purpose and/or structure?)_____
_____
_____

Approximate number of Attendees (if applicable): _____

General attendee or society demographics: _____

Were there key themes that emerged during the Ambassador activity? _____
_____

Were there any discussions that link to NCS mission, vision, strategic plan or other key initiatives? (For example, list out strategic plan categories, committees) ____
_____
_____

Were there any key discussions or emerging trends that NCS should be aware of and monitor? _____
_____

Based on what you heard and/or learned as the ambassador, do you recommend any follow-up or further work? _____
_____

Did you come across any potential collaborative or advocacy opportunities for NCS?
_____
_____

In addition to what is discussed above, are there any other implications for NCS?

_____

Any additional comments? _____

E. Maintaining a Current List

Review of Current External Representative Spreadsheet

President and Executive Director will maintain a list of prominent NCS members in other organizations to be used for strategic initiatives. These organizations may include (not limited to);

Brain Attack Coalition

i. Carotid stenting facility accreditation program: Intersocietal Accreditation. Commission for Carotid Stenting Facilities: with AAN, AANS, American College of Radiology, American Society of Neuroradiology, American Society of Neuroradiology, Society for Vascular Surgery, Society of Interventional Radiology and Society of Neurointerventional Surgery.) [$25,000 for initiation with plan for return on investment when adopted
ii. Brain Death Writing Committee requested by AANS:
iii. Post-Cardiac Arrest with ACLS
iv. International Cardiac Arrest Registry (INTCAR)
v. Medical Director's Council of the Association of Organ Procurement Organizations:
vi. World Federation of Critical Care Nurses:
vii. United Council for Neurologic Subspecialties:
viii. NIH Center for Scientific Review Volunteer Reviewers
ix. European Society of Intensive Care Medicine

1. SOCIETIES

i. Society of Neuroscience in Anesthesiology and Critical Care,
ii. American Association of Neurological Surgeons and Congress of Neurological Surgeons from the Joint Sections of
iii. Neurotrauma and Critical Care,
iv. Cerebrovascular
v. Pediatrics
vi. Society of Critical Care Medicine sections of
    1. Neurology
    2. Pediatrics
    3. Pharmacy
    4. Nursing
vii. Academy of Neurology section of Critical Care and Emergency Neurology
viii. American Academy of Emergency Medicine,
ix. American College of Physicians,
x. American College of Chest Physicians,
xi. American Thoracic Society,
xii. Society of Academic Emergency Medicine,

xiii. Society for Neurointerventional Surgery
xiv. Society of Vascular and Interventional Neurologists.
xv. American Association of Critical Care Nurses
xvi. American Association of Neuroscience Nurses
xvii. National Stroke Association
xviii. National Neurotrauma Society

BOD Representatives to NCS Committees

A. Definition and Roles

a. The NCS BOD representative to NCS committees is a supportive role to ensure committee work is in alignment with NCS mission, vision, priorities and strategic plan.
b. The NCS BOD representative should meet with co-chairs at least every 6 months to determine the appropriate support for the committee. This may include attending regular committee meetings, available for consultation as needed when issues arise, etc.
c. The NCS BOD representative in coordination with chairs should make the BOD aware of any concerns that cannot be resolved at the committee level
d. The NCS BOD representative should provide chairs and committee guidance (along with NCS executive office staff) on key NCS processes (eg. proposing a new product, annual budgeting, goal setting, updating committee dashboard, etc.)
e. The NCS BOD representative will support committee chairs in budgeting and navigating budget process. The BOD representative on should be able to speak to committee-related budget requests during BOD budget discussions"
f. Continue to be appointed annually by the President, close involvement of secretary
g. Process to be managed by the NCS staff and the membership committee

F. Endorsements of meetings of other groups

1. **PURPOSE**
    i. Requests are made to the NCS for endorsement of a meeting. This policy is to determine the appropriateness of the request as it pertains to the mission of the Society.
2. **PROCESS:** Endorsement of other organizations' meetings
    i. The Board agreed that the Society should be as inclusive as possible as long as the meeting furthers the Society's mission and the program is of high quality.
    ii. The NCS will require from the course directors: topics, speakers and their sponsors, date and location, target audience
    iii. Endorsement is determined by the Executive Committee, with the understanding that its use would include a statement that an activity was endorsed by the society to distinguish it from those being sponsored by the society.
    iv. The Executive committee would set the fee, but in general $500 seemed an appropriate amount; in lieu of the fee, the NCS should request one free registration and a booth at the meeting if applicable.

G. NCS-Sponsored Regional Course of NCS

1. **PURPOSE**
    i. To support the mission of the Society, outreach or regional courses of neurocritical care will be developed. The two-fold purpose is improvement in patient care and also to support the financial health of the organization.
2. **PROCESS FOR SPONSORSHIP**
    i. Proposals for regional meetings must be submitted to the Executive Committee. Proposals must include meeting date, location, description of educational content, involvement of NCS members, and resources requested from NCS. Proposals must be submitted at least six months prior to the meeting.

SECTION X: REGIONALS CHAPTERS

A. Middle East/Africa Chapter (Established 2018)

Selection of Regional Chair (NCS BOD Representative for the Chapter)

1. The Chair will be chosen by the Neurocritical Care-Middle East/North Africa (NCC-MENA) Chapter and the name will be forwarded by the International Pan Arab Critical Care Medicine Society (IPACCMS), which represents all countries of the region, to the NCS.
2. The next Chair shall be proposed by IPACCMS, as forwarded by the NCC-MENA Chapter. If more than one member is proposed to the NCC-MENA Chapter for IPACCMS by the various country members in the Chapter, all members from the chapter will vote to determine the Chair.
3. If there are no objections by the regional chapter leaders, the proposed Chair's name will be forwarded to the NCS office to be reviewed by the Executive Committee and then placed on the ballot for approval by the BOD in June each year.
4. The Chair will serve a 2-year term (renewable) beginning at the NCS Annual Meeting that year.
5. The NCS BOD Chair representing the Middle East/Africa can serve two consecutive terms.
6. The policies of selecting the Regional Chair will be reviewed every 5 years to ensure sustainability.

Selection of Annual NCS Regional Meeting Location

1. The location of the annual NCS Regional Meeting will be chosen during the annual open meeting of the NCC-MENA Chapter for IPACCMS using the criterion of number of NCS members in each country.
2. The next location shall be defined by the country having the largest number of members. Countries may decline to host the meeting.
3. The host country's leaders will determine the most appropriate location within their country when there are multiple organizations within one country.

Regional Chair Responsibilities:

1. Compilation and updating the e-mail list of regional chapter global partner members.
2. Establish regular contact by e-mail/NCS Global Section member portal and consider having an audio or videoconference every month or every 2 months.
3. Assist the country hosting the annual regional chapter meeting with logistics.
4. Update the regional chapter global partner leaders' contact information annually and as new organizations become partners.
5. Oversee the process for Chair selection and proposal to the NCS BOD.

NCS Responsibilities:

1. The NCS President and Past President, or their representatives, will be present at each regional meeting and sponsored by NCS (up to $5000).
2. The Global Section Chair(s) will work with the Regional Chairs to develop the program and identify sponsorship for the meeting, if needed.
3. The Neurocritical Care Journal editorial staff encourage publication of “proceedings articles" from each meeting. These manuscripts would be peer-reviewed, potentially citable, and highlight key material presented, keynote addresses, pro-con session, etc. There are two additional options for publication now available, Brief Communications and Special Articles, which can be considered for these manuscripts.

Chair Designee based on above policy: *Regional Chair will officially begin their term at the NCS Annual Meeting each year*.

NCS Regional Chapter Meeting Locations (may be declined by host country/partner) *Meetings must not conflict with the Annual NCS meeting***.**

B. Asia/Oceanian Chapter (Established 2017)

Selection of Regional Chair (NCS BOD Representative for the Chapter)

1. The Chair will be selected using the criterion of date of global partnership for organizations within the same country.
2. The next Chair shall be proposed by the country (not society) having the largest number of NCS members, without repeating it, until all countries have rotated. If more than one member is proposed by the country, all members from the chapter will vote to determine the Chair.
3. If there are no objections by the regional chapter leaders, the proposed Chair's name will be forwarded to the NCS office to be reviewed by the Executive Committee and then placed on the ballot for approval for BOD in June each year.
4. The Chair will serve a 2 year term beginning at the NCS Annual Meeting that year.

Selection of Annual Regional Chapter Meeting Location

1. The location of the annual regional chapter meeting will be chosen using the criterion of date of global partnership for organizations within the same country.
2. Subsequent meeting locations will be selected based on the country in which NCS global partnerships were established first, and then sequentially, without repeating the country. Countries may decline to host the meeting.
3. The host country's leaders will determine the most appropriate location within their country when there are multiple organizations within one country.
    a. If a decision cannot be made among the organizations, then the date of global partnership will determine which organization will host the meeting.
    b. There will be equal number of official representatives from each partner assigned to the organizing committee.
4. A partner may request to change their assigned meeting year. This will be discussed with the chapter chair and leadership committee to determine if all are in agreement with the change. The leadership committee will decide how the location order will change based on each individual request.

Regional Chair Responsibilities:

1. Compilation and updating the e-mail list of regional chapter global partner members.
2. Establish regular contact by e-mail/NCS Global Section member portal and consider having an audio or videoconference every month or every 2 months.
3. Assist the country hosting the annual regional chapter meeting with logistics.
4. Update the regional chapter global partner leaders' contact information annually and as new organizations become partners.
5. Oversee the process for Chair selection and proposal to the NCS BOD.

NCS Responsibilities:

1. The NCS President and Past President, or their representatives, will be present at each regional meeting and sponsored by NCS (up to $5000).
2. The Global Section Chair(s) will work with the Regional Chairs to develop the program and identify sponsorship for the meeting, if needed.
3. The Neurocritical Care Journal editorial staff encourage publication of "proceedings articles" from each meeting. These manuscripts would be peer-reviewed, potentially citable, and highlight key material presented, keynote addresses, pro-con session, etc. There are two additional options for publication now available, Brief Communications and Special Articles, which can be considered for these manuscripts.

Chair Designee based on above policy: *Regional Chair will officially begin their term at the NCS Annual Meeting each year*.

NCS Regional Chapter Meeting Locations (may be declined by host country/partner) *Meetings must not conflict with the Annual NCS meeting***.**

1. Korea – 2018
2. Japan – 2019
3. Nepal - DECLINED
4. India – 2020 – ISCCM will host and partner with ISNACC and SNCC-I; stand alone meeting – date TBD
5. Australia – 2021 (needs confirmation)
6. Philippines - 2022 (needs confirmation)
7. Singapore - 2023 (needs confirmation)
8. China - 2024 (needs confirmation)
9. Any new partners added base on size of organization

C. North/Central America Chapter (Established 2019)

Selection of Regional Chair (NCS BOD Representative for the Chapter)

1. The Chair will be chosen using the criterion of number of members in each country.
2. The next Chair shall be proposed by the country (not society) having the largest number of NCS members, without repeating it, until all countries have rotated. If more than one member is proposed by the country, all members from the chapter will vote to determine the Chair.
3. If there are no objections by the regional chapter leaders, the proposed Chair's name will be forwarded to the NCS office to be reviewed by the Executive Committee and then placed on the ballot for approval for BOD in June each year.
4. The Chair will serve a 2 year term beginning at the NCS Annual Meeting that year.

Selection of Annual Regional Chapter Meeting Location

1. The location of the annual regional chapter meeting will be chosen using the criterion of number of NCS members in each country.
2. The next location shall be defined by the country having the largest number of NCS members, without repeating it. Countries may decline to host the meeting.
3. The host country's leaders will determine the most appropriate location within their country when there are multiple organizations within one country.

Regional Chair Responsibilities:

1. Compilation and updating the e-mail list of regional chapter global partner members.
2. Establish regular contact by e-mail/NCS Global Section member portal and consider having an audio or videoconference every month or every 2 months.
3. Assist the country hosting the annual regional chapter meeting with logistics.
4. Update the regional chapter global partner leaders' contact information annually and as new organizations become partners.
5. Oversee the process for Chair selection and proposal to the NCS BOD.

NCS Responsibilities:

1. The NCS President and Past President, or their representatives, will be present at each regional meeting and sponsored by NCS (up to $5000).
2. The Global Section Chair(s) will work with the Regional Chairs to develop the program and identify sponsorship for the meeting, if needed.
3. The Neurocritical Care Journal editorial staff encourage publication of "proceedings articles" from each meeting. These manuscripts would be peer-reviewed, potentially citable, and highlight key material presented, keynote addresses, pro-con session, etc. There are two additional options for publication now available, Brief Communications and Special Articles, which can be considered for these manuscripts.

Chair Designee based on above policy. *Regional Chair will officially begin their term at the NCS Annual Meeting each year*.

NCS Regional Chapter Meeting Locations (may be declined by host country/partner) *Meetings must not conflict with the Annual NCS meeting***.**

D. South American Chapter (Established 2017)

Selection of Regional Chair (NCS BOD Representative for the Chapter)

1. The Chair will be chosen using the criterion of number of NCS members in each country.
2. The next Chair shall be proposed by the country (not society) having the largest number of NCS members, without repeating it, until all countries have rotated. If more than one member is proposed by the country, all members from the chapter will vote to determine the Chair.
3. If there are no objections by the regional chapter leaders, the proposed Chair's name will be forwarded to the NCS office to be reviewed by the Executive Committee and then placed on the ballot for approval for BOD in June each year.
4. The Chair will serve a 2 year term beginning at the NCS Annual Meeting that year.

Selection of Annual Regional Chapter Meeting Location

1. The location of the annual regional chapter meeting will be chosen by the chapter members.
2. The host country's leaders will determine the most appropriate location within their country when there are multiple organizations within one country.

Regional Chair Responsibilities:

1. Compilation and updating the e-mail list of regional chapter global partner members.
2. Establish regular contact by e-mail/NCS Global Section member portal and consider having an audio or videoconference every month or every 2 months.
3. Assist the country hosting the annual regional chapter meeting with logistics.
4. Update the regional chapter global partner leaders' contact information annually and as new organizations become partners.
5. Oversee the process for Chair selection and proposal to the NCS BOD.

NCS Responsibilities:

1. The NCS President and Past President, or their representatives, will be present at each regional meeting and sponsored by NCS (up to $5000).
2. The Global Section Chair(s) will work with the Regional Chairs to develop the program and identify sponsorship for the meeting, if needed.
3. The Neurocritical Care Journal editorial staff encourage publication of "proceedings articles" from each meeting. These manuscripts would be peer-reviewed, potentially citable, and highlight key material presented, keynote addresses, pro-con session, etc. There are two additional options for publication now available, Brief Communications and Special Articles, which can be considered for these manuscripts.

Chair Designee based on above policy: *Regional Chair will officially begin their term at the NCS Annual Meeting each year*.

NCS Regional Chapter Meeting Locations (may be declined by host country/partner) *Meetings must not conflict with the Annual NCS meeting***.**

SECTION XI: EDUCATION PRODUCT DEVELOPMENT

A. Educational Product Development Approval Process

1. Requesting committee or author completes and submits the "Request for New Educational Product" form to the Director of Education (Appendix A)
2. Director of Education submits the "Request for New Educational Product" form to the Educational Product Committee (EPC) Co-Chairs for review and approval
3. Upon approval, EPC members review the "Request for New Educational Product" form during standing monthly call
    i. If available, a representative from the requesting committee, or author, joins the EPC call to discuss the proposal in detail
4. The EPC votes to approve the development of the product
5. The EPC sends product details, including the initial proposal, to the EC for approval to move forward with the development of a detailed proposal
6. Upon approval, the Co-Chairs and Director of Education put together a draft "Publishing and Distribution Agreement" (Appendix B) for the author(s) of the product. (This contract is eventually signed by the authors and NCS Executive Director after EC approval.)
    i. Any proposed compensation needs approval by the EC
    ii. The Agreement will also clearly state what, if any, complimentary copies of the product the creator(s) of the new education product are entitled to, upon project completion
7. The proposal and draft Publishing and Distribution Agreement is sent to the Executive Committee (EC) with full financial details
    i. Proposed product price and author compensation is initially suggested by the requesting committee or author with recommendations from the EPC; however, all plans for pricing and author payments/complimentary copies require EC approval.
    ii. Based on the timing of the request, the EC may either approve a variance in the current year's budget to begin development immediately or request product development be delayed until the next budget cycle. If the product is approved to begin development in the middle of the budget cycle, and the cost is greater than $5000, then the Board of Directors must approve the product as well. If the product is proposed around the time of the annual budget special request submission, the proposal budget request will be added into the budget request with a copy of the development proposal that has been approved by the EPC. All items identified within the annual budget proposal will then be approved by the Board of Directors annually.

B. Development

1. Authors, primary task force, EPC Representative, editorial board, and/or editor are identified to oversee the development of the educational product
    i. The Task Force is independent of the EPC
    ii. If product is ongoing and published annually, an EPC subcommittee may be formed to lead the development of new content and update of existing material
2. Primary editors are identified and, in collaboration with the EPC Representative, are responsible for the following:
    i. Topic selection
    ii. Identification of chapter authors (print or digital)/presentation speakers
    iii. Development of chapter/presentation template and detailed author instructions
    iv. Completion of the product's primary description, introduction, dedication (as appropriate), and disclaimer
    v. Final review and approval of content prior to publication
3. Upon finalization of topics and authors/speakers, the following items are distributed to authors/speakers:
    i. Formal NCS invitation to participate
    ii. NCS Publication and Distribution Agreement (for authors/speakers to sign)
    iii. Chapter/presentation template and detailed author instructions
    iv. Link to primary document sharing platform (i.e. Dropbox)
    v. Where appropriate, request for bio, photo, and CV
4. Where appropriate, the following professional services may be solicited for as budgeted:
    i. Copyeditor
    ii. Typesetter
    iii. Graphic designer
5. Content development process will be submitted as part of the initial proposal and target dates for the timeline will be approved by the EPC and managed by the overseeing requesting committee, editorial board, or author.
    i. Content is submitted to the EPC for review;
        1. The EPC maintains a queue of members assigned to review, edit, and approve educational content
        2. When appropriate, products are reviewed by multiple disciplines
        3. The members in queue to review have 2-4 weeks (or appropriately allotted time) to submit their edits based on length of content
    ii. Content is returned to the authors for edit integration
        1. Authors are given two weeks (or appropriately allotted time) to re-submit a second draft based on feedback from reviewers

   iii. Primary editors are responsible for conducting a final review of content and final edits prior to publication, in collaboration with the EPC
   iv. Content is submitted to the copyeditor if required or requested
   v. Final draft is submitted to the typesetter if required or requested
6. Necessary copyright permissions or transfer agreements are secured
7. For products designated and budgeted for continuing education credit, an application for appropriate boards will be completed and submitted a minimum of two months prior to publication
8. For print products and e-books, applications for a Library of Congress Control Number and ISBN are submitted
9. Where appropriate, trademark and copyright applications are submitted;
   i. Copyright application approval is an eight-month process
10. The NCS Marketing Team is consulted for graphic design, which includes the development of original figures, logo, book covers, etc.
11. Marketing plan is developed in conjunction with the Marketing/Communication Committee and the NCS Executive Office, and includes;
   i. Digital outreach (member emails, social media digital advertising, inclusion in educational products video, etc.)
   ii. Print pieces where appropriate (flyers, inclusion in Educational Products brochure,
   iii. Annual Meeting posters, etc.)
   iv. Author kits

C. Publication

1. **INITIAL PRICING**
    i. Upon its initial release, each NCS educational product is assigned a time period after which the product undergoes a review by the Educational Products Committee (EPC) for content updates. At the time that content is being reviewed, the EPC and the NCS Executive Office will evaluate the pricing of the reviewed product, taking into consideration the following factors:
        1. Economic inflation
        2. Production costs
        3. Prices of similar products in the market
        4. Profit margin
        5. Target audience
        6. Accuracy of content in relation to current evidence / guidelines / best practice
    ii. For products that have only a one-time release or that are updated continuously, pricing will be evaluated using the factors listed above, on an annual basis, with release of new pricing around the time of the NCS Annual Meeting.
    iii. Differential pricing for various target audiences (e.g., various regions of the world, trainees) and bulk pricing discounts will be determined on a product-to-product basis.
2. **PRINTING**
    i. Bids are solicited for printing vendors
    ii. Selected vendor prints product based on quantity allowed via budget
    iii. Printing vendor ships product to NCS fulfillment vendor
3. The product is incorporated into the NCS store and integrated for purchase
4. A product webpage is developed on the NCS website and OnDemand platform
5. **AUTHOR/PRESENTER FOLLOW-UP**
    i. Complimentary access to product, one copy of print or digital access, is provided if outlined in the Publishing and Distribution Agreement
    ii. Author marketing kits distributed
    iii. In the event that compensation will be provided, the agreed-upon Publishing and Distribution Agreement will outline the financial details of this arrangement
6. Marketing Plan Implemented
7. Evaluation of potential market for translated or digital/print versions of product
    i. Requires approval of the EC

D. Product Updating/Pre-Pricing

1. Product content update schedule and re-pricing is identified prior to publication, as agreed upon by author and approved by EPC
2. Standard timeline includes (but is not restricted to):
    i. Print products updated once every three years
    ii. Digital products updated annually
3. The dates of all product review and any updates are documented and maintained for the life of each product in a spreadsheet maintained by the Director of Education. This includes the dates of product review that are completed and require no updates. This document will be reviewed each year by the Educational Products Committee at the annual in-person meeting.
4. Changes to pricing of products will occur at the same time as product content update review, with principles outlined in Appendix C. Any change in pricing requires EC approval.
5. All reviewed product prices (regardless of whether changes are made), once approved by the EPC, will be submitted to the Executive Committee for final approval before implementation.

E. Compensation Options for NCS Educational Product Contributors

1. The following compensation options for contributors are available for consideration by the Educational Products Committee and Executive Committee:
    i. Discounted registration rate for the NCS Annual Meeting
    ii. One-time honorarium
    iii. Discounted NCS membership dues
    iv. At-cost purchase of product

F. Approving Requests to Reproduce NCS Product Content

1. The Neurocritical Care Society (NCS) Educational Products Committee will consider written requests for reproduction of NCS Product Content on an individual basis. The material requested should be reproduced for educational purposes and not used for a commercial or for-profit activity. The NCS copyright statement must be included on the reproduction.
2. If the NCS product is free and the request is coming from an NCS author, there will be no charge for reproduction. If the request is coming from an author who is not a member of NCS or from a publishing company, the fees will be as follows:
    i. Print only - $30
    ii. Electronic only - $60
    iii. Electronic and Print - $90
3. Inquirers must complete the written permission request form detailing the exact material requested and the intended use of the material.

G. ENLS Live Course Global Partner Policy

In an effort to preserve NCS's relationship with its Global Partner organizations, the following notification system is required in the scheduling of all live ENLS courses outside of the United States:

1. **NCS REGIONAL MEETINGS**
   All ENLS Host Agreements will include a mechanism for verifying that the location of each proposed course does not occur within one month prior to a previously scheduled NCS Regional Meeting.
   i. If a proposed ENLS course is scheduled one month prior to an NCS Regional Meeting, the Immediate Past President and/or regionally appropriate member of leadership, will reach out to the Global Partner to notify them of this conflict.
      1. If the Global Partner requests, NCS may ask the proposed course organizer to either:
         a. Combine the attendees from their proposed course with attendees of the ENLS Course at the NCS regional meeting, or
         b. Reschedule their course to a date that occurs after the NCS Regional Meeting
2. **NCS GLOBAL PARTNERS**
   i. If a proposed ENLS course is scheduled one month prior to a previously scheduled ENLS course that is hosted by an NCS Global Partner, the Immediate Past President and/or regionally appropriate member of leadership, will reach out to the Global Partner to notify them of this conflict.
      1. If the Global Partner requests, NCS may ask the proposed course organizer to either:
         a. Combine the attendees from their proposed course with attendees of the ENLS Course hosted by the Global Partner, or
         b. Reschedule their course to a more favorable date
   ii. If an NCS Global Partner submits a Host Agreement for an ENLS course after a competing course has already been approved by the Executive Committee, it is at the Executive Committee's discretion to notify the Global Partner and/or allow the Global Partner to request scheduling changes to the original course.

SECTION XII: GENERAL

A. Project Proposal

1. **PURPOSE**

   To develop a process for new proposals and projects

   i. Proposals for new projects and/or additional resources needed for approved projects will need to be reviewed by the Executive Committee and the BOD. Included in the proposal shall be a purpose (impact/benefit for NCS), resources needed, budget considerations, projected timeline and impact of initiative including sales/marketing analysis. It is vital that the board have all necessary information with each request to be able to determine if the project fits within the context of the strategic and operational plans of NCS. NCS Staff will work with the NCS committee or task force to develop the proposal and budget.

   ii. Project request must include the following format:

      1. Background of information about the issue
      2. Statement of intent
      3. Rationale for NCS support
      4. Budget/Resources
      5. Sales/Marketing analysis

B. Use of the NCS Logo and Stationery, and Membership Lists

1. **PURPOSE**

   i. Many requests are made to the Society requesting the use of the logo, and to endorse other meetings and to provide access to our membership. By Board resolution, the Executive Committee shall review all requests for membership lists, logo use or endorsement of a meeting to determine the appropriateness of the request as it pertains to the mission of the Society. [2004]

2. **LOGO**

   i. The use of the logo indicates a sign of endorsement by the NCS. The use of the logo will first be evaluated by the appropriate committee of the petitioner requesting the use of the logo and will be approved by the NCS Executive committee.

3. **MEMBERSHIP LIST/MAILING LIST**

   i. The board decided that mailing lists would not be provided.

   ii. Requests to email material to members will be referred to the Executive committee, which will decide whether the material is appropriate. (2004)

   iii. In general, requests from academic or non-profit groups would be emailed to the membership without charge. Material from for-profit groups would be sent for a $500 charge.

C. Code of Ethics

1. **PURPOSE:** To outline a code of conduct and ethics for the Society
2. **CONFLICT OF INTEREST**
    i. Conflict of Interest forms will be updated annually at the beginning of each calendar year (January 1) [2/09] for:
        1. The Officers
        2. Executive Committee
        3. BOD
        4. Development committee members [2/07]

D. Role of Consultants/Legal Services in the Work of NCS

1. **PURPOSE**
    i. Various activities require outside consultants or legal counsel to evaluate the liability to the Society and discuss, suggest and provide strategies and the mechanism to reduce this liability. (e.g. journal evaluation of publishers, website guidance, copyright issues)
2. **PROCEDURE**
    i. When an issue arises that may require legal counsel, the Executive committee will work with the Executive director of the NCS to identify an appropriate firm.
    ii. Costs of counsel/billing structure will be presented formally and approved by the Executive committee

E. Policy and Procedures Manual Review

1. **PURPOSE:** To define the periodic review of the Policy and Procedure Manual
    i. The secretary of the NCS will review and update the Policy and Procedure Manual on an annual basis
    ii. After review, any revisions will be sent to the Executive Committee for approval.
    iii. Following the Executive Committee approval, the P and P manual will be sent to the BOD for approval at the Annual BOD meeting.

F. No Smoking Policy

1. The NCS prohibits smoking in its educational, business and meeting sessions, consistent with statutory restrictions, ordinances, and policies of the sites/venues where meetings are conducted.

G. Request for Survey of the Membership with Research Intent

1. **PURPOSE**: Multiple requests are received each year of surveys requested of the membership
    i. The Chairman of the Research Operations will evaluate the requests for validity and redundancy. If appropriate, the request will be evaluated by the research committee and if approved, final approval will be by the NCRN Chair.

H. Procedures for Conducting NCS-Approved Surveys

1. POLICY

i. The co-chairs of the Research Operations Subcommittee (ROSC) will select members of the ROSC to review and evaluate survey requests for clarity, brevity and feasibility. After completing their review, these individuals will provide constructive feedback within 1-week with the final decision to the investigator. NCS Staff will forward incoming surveys within 3 days to the appointed ROSC members for review, release the surveys if approved by the ROSC, and collect quality improvement information at the end of the survey.

2. PURPOSE

i. Multiple requests are received each year of surveys requested of the membership

3. PROCEDURES

i. Submission Process
    1. All surveys should be developed based on the requirements set forth by the NCS; however due to its current work-in-progress, members are referred to SCCM survey guide and a reference temporarily.
        a. SCCM guide http://www.sccm.org/SiteCollectionDocuments/Research-Guide-to-Surveys.pdf
        b. Suggested reference for survey development: Dillman, D. A. (2014) Internet, Phone, Mail and Mixed Mode Surveys: The Tailored Design Method. Hoboken, Jew Jersey. John Wiley & Sons, Inc.
    2. The following survey information must be submitted by the investigator:
        a. Investigator contact information: name, e-mail, title, institution, phone number
        b. Describe background and goals of the survey (max 250 word count)
        c. Specify impact and importance of the survey
        d. Provide IRB approval date and upload approval letter from the investigator's institution
        e. Specify target audience (all members, or restricted to MD, AP, RN, pharmacists, US only or international)

f. Provide word document or pdf file of the survey questions, in addition to a link to the online survey
g. Specify average duration of survey (minutes)
h. List other route of survey dissemination in the past and in the future
i. Specify any conflict of interest
j. List source of funding, if applicable
k. It is recommended for the investigators to offer an incentive to participants to encourage participation. Therefore, the following clause will be available to be seen on the survey online submission form, "Based on our experience, it is highly recommended for investigators to put forward incentive. This should be done as a lottery where participants will have the opportunity to voluntarily provide their contact information." .
l. List any collection of protected health information or other identifiers

3. Investigators should pay the following fees to the NCS office for their surveys:
    a. NCS Members Free
    b. Non- NCS members, Non- Industry $500
    c. Industry $2500
4. All surveys will be closed 2 months after its initial dissemination date
5. Investigators will submit surveys to the NCS Research operations subcommittee coordinator (Tissy Greene via info@neurocriticalcare.org).
    a. Submit questions/comments to info@neurocriticalcare.org
6. Submission deadline is on 1st day of every month

ii. Review and Approval Process

7. NCS ROSC coordinator will forward incoming surveys within 3 days to the appointed ROSC members for review.
    a. NCS ROSC co-chairs will select ROSC members to review and evaluate surveys.
8. Minimum of 2 clinical reviewers will be chosen from the survey taskforce per survey
9. A standardized form will be used by the reviewers to evaluate surveys on their scientific validity, novelty, impact, and interest to the NCS
10. Timeframe for reviewing a survey: 1 week
11. A final recommendation (accepts, revise, or reject) with comments/questions will be provided via E–mail to the investigator by the reviewers.

iii. Distribution Process

1. NCS survey notification via E-mail distribution monthly (stand-alone email)
2. Monthly E-mail of approved surveys with a reminder in 1 month; surveys will be taken off the mailing list/NCS website after 2 months
3. Social Media distribution

4. Investigators are encouraged to disseminate the survey link on the NCS webpage themselves as well.

iv. Post-Distribution Data Collection

1. Investigators must provide a brief progress report and a final report after the closing date and 1 year after the closing date, respectively
    a. Progress report on the number of participants upon closing of the survey
    b. Final report on the impact of the survey 1 year later (e.g., grant, publication, presentation, and/or process improvement)
2. List of surveys, status, and contact information will be published on the NCS website

I. Record Retention

1. PURPOSE

i. It is the policy of the NCS that its records be retained only so long as they are (1) necessary to the current conduct of the Association's business; (2) required to be retained by statute or government regulation; or (3) relevant to pending or foreseeable investigations or litigation. In furtherance of this policy, the association has adopted the record retention schedule which shall be observed by the association, its officers, BOD, staff and committee members.

2. PROCEDURE

ii. The responsibility for administering the Association's Record Management Program in accordance with this policy is designated to the Executive Director

3. RECORD RETENTION SCHEDULE

Type of Record	**Retention Period**
ACCOUNTING	
Auditor's reports/work papers	Permanent
Bank deposit slips	3 years
Bank statements, reconciliations	7 years
Budgets	2 years
Canceled checks, generally	7 years
Cash disbursements journal	Permanent
Cash receipts journal	Permanent
Depreciation records	3 years
Dues and assessment schedules	2 years
Financial statements (annual)	Permanent
Financial statements (interim/internal)	3 years
General journal or ledger	Permanent
Inventory lists	3 years
Invoices	3 years
Payroll journal	4 years
Petty cash vouchers	3 years
CORPORATE RECORDS	
Annual Reports	Permanent

Articles of Incorporation	Permanent
Bylaws	Permanent
Application for Recognition of Exemption (Form 1024 or 1023), including related correspondence and determination letter	Permanent
Qualifications to do business	Permanent
Minutes and resolutions (Board and Committees with Board authority)	Permanent
Minutes (Committees without Board authority)	3 years
Authorizations and appropriations for expenditures	3 years
Policies and procedures, generally	For life of policy/procedure
Policies and procedures, employment practices	10 years*
Conflict of Interest Forms	2 years
CONTRACTS	
Contracts, generally	10 years*
Contracts, government	4 years*
Contracts, sales (UCC)	4 years*
INSURANCE	
Accident Reports	6 years
Insurance Claims	6 years*
Insurance Policies	6 years*
INTELLECTUAL PROPERTY	
Copyright registrations and unregistered copyrightable materials	Permanent
Trademark registrations	Permanent
Patent	Permanent
Domain name registration	For life of domain name
STATEMENTS OF POLICY/POSITION	
Policy statements	For the life of the document
MEMBERSHIP	
Terminations and resignations	1 year
Member surveys	For the life of the document
TAXES	
Annual information and/or income tax returns and canceled checks (federal, state and local)	Permanent
Payroll tax returns	4 years
Property tax returns	Permanent
Sales and use tax returns	4 years
LEGAL	

Claims and litigation files where Association is a party	10 years*
Documents related to third-party subpoenas	30 days after final resolution of underlying action

Appendix I: FNCS Forms

J. NCS FELLOW APPLICATION

To apply for Fellow of NCS (FNCS) status, applicants must meet the following criteria and provide the following items.

- Completed application form
- Current curriculum vitae
- A personal statement outlining the applicant's reasons for applying
- A copy of the applicant's primary certification which must be completed and up to date, i.e., Board certification in medical, nursing, pharmacy, respiratory therapy specialty.
- Three written letters of recommendation, one of which must be from a professional that is not your specialty (i.e. Nurse, Physician, Pharmacist, etc.) from active NCS members outlining why the applicant should be accepted as a fellow. It is the responsibility of the applicant to ensure these letters are sent to the NCS Executive Office in a timely manner.
- Applicant must be an active member of the NCS for a minimum of 5 years.
- Applicant must have participated in at least 5 national or international medical society based conferences with a neurocritical care focus, with a minimum of 2 of these being the NCS Annual Meeting. Details for these are required on the application.

PLEASE PRINT OR TYPE

Date of application: _____

Name: _____ _____ _____

Designation: _____

Affiliation/Institution: _____

Address: _____ _____

City: _____ State/Prov: _____ Zip: _____ Country: _____

Telephone: _____ Email: _____

I am Board Certified in (specialty): _____ Date of Board Certification _____

I have been active member of NCS since (date): _____

I have attended the following NCS annual meetings (years): _____

Please list the complete names and email addresses of the three individuals who have agreed to provide letters of recommendation for you. These letters must be sent directly to the NCS Executive Office and ***not*** *to the applicant.*

_____ _____ Name Email Address

_____ _____ Name Email Address

_____ _____ Name Email Address

Payment Information

First time FNCS applicant fee: $100.00. FNCS members are required to pay $50 in addition to their annual membership dues to maintain their "letters." Please pay online here or mail a check to 330 N. Wabash Ave. Suite 2000 Chicago, IL 60611.

RETURN THE COMPLETED APPLICATION TO: NCS EXECUTIVE OFFICE, 330 N. WABASH AVE. SUITE 2000 CHICAGO, IL 60611 OR SEND VIA EMAIL TO INFO@NEUROCRITICALCARE.ORG OR FAX AT (312)673-6759.

K. NCS FELLOW RECOMMENDATION FORM

Date: _____

Applicant's Name: _____

Recommender's Name: _____

Recommender's Email: _____

Recommender's Phone: _____

FNCS Current members of the FNCS Credentialing Committee cannot provide letters of recommendation for applications in order to avoid any potential conflict of interest. Current committee members can be found here: http://www.neurocriticalcare.org/Membership/Fellow-of-Neurocritical-Care-FNCS

Please detail reasons why you believe the individual is qualified for Fellow of NCS (FNCS). Contributions to the field of neurocritical care must meet all 3 areas.

Program Development:

Page 2 Letter of Recommendation for FNCS

Scholarly Activities related to Neurocritical Care:

Leadership in the field of Neurocritical Care

By signing below, I am recommending the above applicant for FNCS status within NCS

_____

Recommender Signature

L. FELLOW OF NEUROCRITICAL CARE SOCIETY PERSONAL STATEMENT

Date: _____

Applicant's Name: _____

Applicant's Email: _____

FNCS applicant must provide evidence that they participate in a multidisciplinary team dedicated to the care and management of acutely ill neurological patients. Their participation must include daily rounding with a multidisciplinary team and the assumption of a leadership role (director of the unit, fellowship director, pharmacy director, etc.). Documentation of personal improvements to a previous or development of a de-novo team of activities is required. Applicants must have dedicated at least 50% of their time to neurocritical care for the last two years. Contributions to the field of neurocritical care must meet all 3 areas.

Program Development

Page 2 Personal Statement

Scholarly activities related to neurologic critical care

Leadership in the field of neurocritical care

Please return completed personal statements along with all other required information to info@neurocriticalcare.org or by fax to 312-673-6759.

Appendix II. Global Partner Application

M. Global Partner Application

The Neurocritical Care Society is a multidisciplinary, international organization whose mission is to improve outcomes for patients with life-threatening neurological illnesses. NCS aims to recognize, support, and partner with developing neurocritical care sections, chapters, or interest groups within existing national societies, or as newly founded societies in order to advance the mission of improving care for critically-ill patients with neurological diseases.

The goal of the Global Partner Program is to enhance communication between all societies of the world interested in Neurocritical Care. Each Regional Committee Chair will hear and discuss firsthand all NCS proposals and activities, which can then be distributed throughout the respective regions.

Please submit the letter of intent and required information below to the NCS Executive Office at info@neurocriticalcare.org.

Organization/Society Name: _____

Contact Name: _____ Email: _____

Total Number of Members: _____ Country: _____

To be eligible as a Global Partner, please provide the following requirements:

- ☐ Submit Letter of Intent
- ☐ Society has Neurocritical Care focus
- ☐ Submit Society membership listing including email addresses.
- ☐ Society has a minimum of 25 members
- ☐ At least 5 individuals are current NCS members. If the society has over 50 members, 10 must be NCS members. Please list them below:

1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

APPENDIX III. NCS Nomination Forms

N. NEUROCRITICAL CARE SOCIETY NOMINATING

COMMITTEE CANDIDATE NOMINATION FORM

Name of Candidate: _____

Current Work Position (include title, name, and address of institution):

_____

_____

_____

Designations: _____

Email Address: _____

Telephone Number: (cell)_____ (work) _____

Number of Years as NCS Member: _____

Educational Preparation (include degree, date, place): _____

Past Participation in NCS meetings, committees and activities: _____

_____

_____

Position Statement: State why you wish to run for the NCS Board and a description of your qualifications. (200 words or less):

Name of individual nominating this candidate: _____

I have confirmed that this candidate is willing to serve:

Yes_____ No _____

Provide two references (name, title and email address)

_____

_____

The Nominating Committee will contact these individuals only if they feel additional information is needed. Please attach a copy of the applicant's bio sketch.

A. Letter of Reference

NAME OF CANDIDATE: _____

BOARD SEAT: Neurocritical Care Society – Director-At-Large

The above name has been nominated for an open seat on the Board of Directors for the Neurocritical Care Society. This individual has given us your name as a reference. Please complete the following questionnaire and return it to the individual listed below no later than Month Day, [year].

I. In what capacity did the candidate serve while interacting with you?

II. What was your office/position/function with respect to the candidate at that time?

III. What was the candidate's major contribution(s) to the project and/or committee or organization? If chairperson, what did the committee or organization accomplish under the candidate's leadership?

IV. How would you rate the above person in the following areas? (Please circle the appropriate number; 1 Poor; 5 = Excellent.)

A. Attends scheduled meetings.
1 2 3 4 5 Not Observed

1 2 3 4 5 Not Observed

C. Expresses self well regarding ideas, issues, etc.
1 2 3 4 5 Not Observed

D. Uses chain of command in communicating issues, keeps appropriate individuals informed of decisions, problems or policies.
1 2 3 4 5 Not Observed

E. Ability to identify and propose alternative solutions to potential problems.

1 2 3 4 5 Not Observed

F. Support group decisions.
1 2 3 4 5 Not Observed

F. Demonstrates initiative and self-direction.
1 2 3 4 5 Not Observed

H. Completes assigned tasks, meets deadlines.
1 2 3 4 5 Not Observed

I. Completes task(s) as outlined by committee (does not change to suit his/her ideasonly).
1 2 3 4 5 Not Observed

J. Quality of completed task(s).
1 2 3 4 5 Not Observed

K. Demonstrates accountability for actions.
1 2 3 4 5 Not Observed

V. Would you want to work with the candidate again? Why or Why not?

VI. Comments:

PLEASE RETURN THE COMPLETED REFERENCE TO THE NCS EXECUTIVE OFFICES AT INFO@NEUROCRITICALCARE.ORG NO LATER THAN Month Day, [year].

Thank you for your assistance and cooperation.

Appendix IV. - Leadership Code of Conduct

Form to be signed by BOD/Leader members

Having been selected by my peers to serve as an Officer, on the Board of Directors (BOD) or as a Committee Chair or Committee member of the NCS (NCS, also referred to as Society) and being fully aware of the high honor bestowed upon me, I am designated as a Society "Leader" and pledge to adhere to the following Code of Conduct. Violations of the Leadership Code of Conduct (LCOC) may warrant evaluation per the Disciplinary Code depending on the egregiousness of the action.

VIRTUES OF LEADERSHIP

1. My role as a leader is not a right that I have earned, but a privilege bestowed by my colleagues to allow me to serve them and our mission. I am the servant of the NCS members, not their master. I pledge to advocate for the welfare of our Society and its members.
2. I will lead by example knowing that the Society's staff and other volunteers will be affected by the culture I help create. I pledge to always be an example of dedication, integrity, professionalism, and frugality for staff and other volunteers.
3. In order to fulfill my fiduciary responsibility to the membership, I must be fully knowledgeable about the Society. I pledge that I will read and understand the bylaws, policies, financial reports, committee reports, meeting agendas and supporting documents pertaining to my role in the NCS leadership. I will devote the time necessary to contribute to meetings and conference calls.
4. I understand that it is a violation of my fiduciary responsibility to the membership to appropriate to myself opportunities that rightfully belong to the Society as a whole or to other members of the Society.
5. In performing my responsibilities for NCS and in all NCS activities in which I participate, I shall conduct myself in such a manner that brings respect and honor to our Society. I pledge I will be an enthusiastic advocate, cheerleader and booster of the NCS.
6. Much of the success of the NCS will depend on group dynamics. As such, I shall welcome diverse points of view and feel free to disagree without being disagreeable. I will discuss issues, not personalities and I will avoid ad hominem attacks on my colleagues.
7. I understand that a leadership position is my opportunity to make a lasting contribution to my Society, to the Neurocritical care community it represents and to the membership. I pledge that I will work to leave the Society better, stronger and more fiscally sound that I found it at the start of my service.
8. I will avoid interactions with other members or NCS guests that might constitute sexual harassment and will use my leadership position to promote equanimity and collegiality among NCS members, guest and colleagues.

CONFLICT OF INTEREST

1. I agree to annually disclose in writing any potential or actual conflict of interest or any financial relationship exceeding $500 to the Secretary of the Society.
2. In the event a Leader's NCS duties come into conflict with such interests, they must so declare to the Committee or other body on which they are serving and recuse themselves from voting on the relevant matter.
3. I understand that the President and the Chair of the NCS Ethics Committee will jointly review all disclosures of potential and actual conflicts of interest at the annual meeting. If in their view a Leader has not adequately recused themselves voluntarily from a situation in which there is a conflict of interest, they will first bring it to the attention of the Leader and if still unresolved will follow the process described in the Disciplinary Policy.

SELF-REPORTING

1. I agree to self-report any significant sanction or violation of law to the President that they believe may violate the Code of Professional Conduct or the Leadership Code of Conduct.
2. I understand that voluntary self-reporting will be taken into account if the Disciplinary Policy is activated.

BOARD MEMBERS and OFFICERS ONLY

1. I have a fiduciary responsibility to the membership to oversee the finances of the NCS. I pledge that I will make myself aware of Society non-profit accounting principles, read and understand the Society's financial reports, and obtain any information I need from the staff to fulfill this obligation.
2. I understand that funds contributed to NCS through the dues of members and by other donors shall be used to further the mission of NCS, and not for personal benefit of the members of the Board. I understand that the expenditure of funds on luxuries for Board Members for travel, meals, accommodations, gifts and other special perks is not permitted.
3. Meetings of the BOD shall presume transparency and full disclosure; however, there may be issues discussed at Board meetings, which could be damaging to individuals or the Society if publicly disclosed. These items will be discussed in a confidential executive session. If clarification is required, I will seek the counsel of the President or other BOD member; alternatively, I will seek the confidential advice of the Chairs of the NCS Ethics Committee regarding the ethics of disclosure.
4. I understand that antitrust violations could cause great harm to the Society and to individual Board members. I pledge that I will not participate in any action, meeting or discussion that I believe could, or have been advised by staff or Society counsel give the appearance of being a potential anti-trust violation.
5. It is the Board's responsibility to set the strategic direction for the NCS, to establish policies relating to ends, means and executive limits, to allocate resources and monitor financial performance, and to hire and oversee the chief staff executive. I pledge I will devote myself to helping the Board fulfill these strategic responsibilities.

Contributors: Michael Rubin, MD, MA; Jordan Bonomo, MD; Barak Bar, MD; Edward Collins, NP; Salvador CruzFlores, MD; Rachel Garvin, MD; Scott Glickman, PhD, DO, MPH; Jonah Grossman, MD; Galen Henderson, MD; Tom Lawson, NP, NCC; Dea Mahanes, CCNS, CCRN, CNRN, RN, MSN; Jessica McFarlin, MD; Sarah Monchar, PA; Harry Peled, MD, FACC; James Szalados, MD, JD, MBA.

Name (printed): _____

Signature: _____

Dated: _____

Appendix V. Current Task Forces 2017-2019

1. Quality Metrics White Paper
2. Accreditation Task Force (Charge – Obtain ACGME Board Certification
3. Neurocritical Care Journal
4. Fundraising
5. International Physician Diploma

APPENDIX VI. LIST OF GLOBAL PARTNERS

2019: Neurocritical Care Committe of the Chinese Society of Neurology, Neurocritical Care Committe of China Neurologist Association

2018: Canadian Neurocritical Care Society

Society of Intensive Care Medicine Singapore

Society of Neurocritical Care

2017: College of Intensive Care Medicine of Australia and New Zealand (CICM) 1

Philippine Neurocritical Care Society 1

BRAIN RESCUE (Philippines) 1

2016: Colombian Association of Intensive and Critical Care Medicine 5

German Society of Neurocritical Care (DGNI) 2

Sociedad Chilena de Medicina Intensiva (SOCHIMI) 5

2015: Indian Society of Critical Care Medicine 3

Indian Society of Neuroanesthesiology and Critical Care Medicine 3

Nepalese Society of Critical Care Medicine 1

Mexican College of Critical Care Medicine 4

Neurointensive Care Brazilian Association (ABNI) 5

2013: Sociedad Argentina de Terapia Intensiva 5

Japanese Congress on Neurological Emergencies 1

2012: Acute Neurology Group (Malmo Sweden) 2

Panama Chapter of the Caribbean and Centroamerican Societies of Critical Care 4

2011: Guatemala Chapter 4

Korean Neurocritical Care Society 1

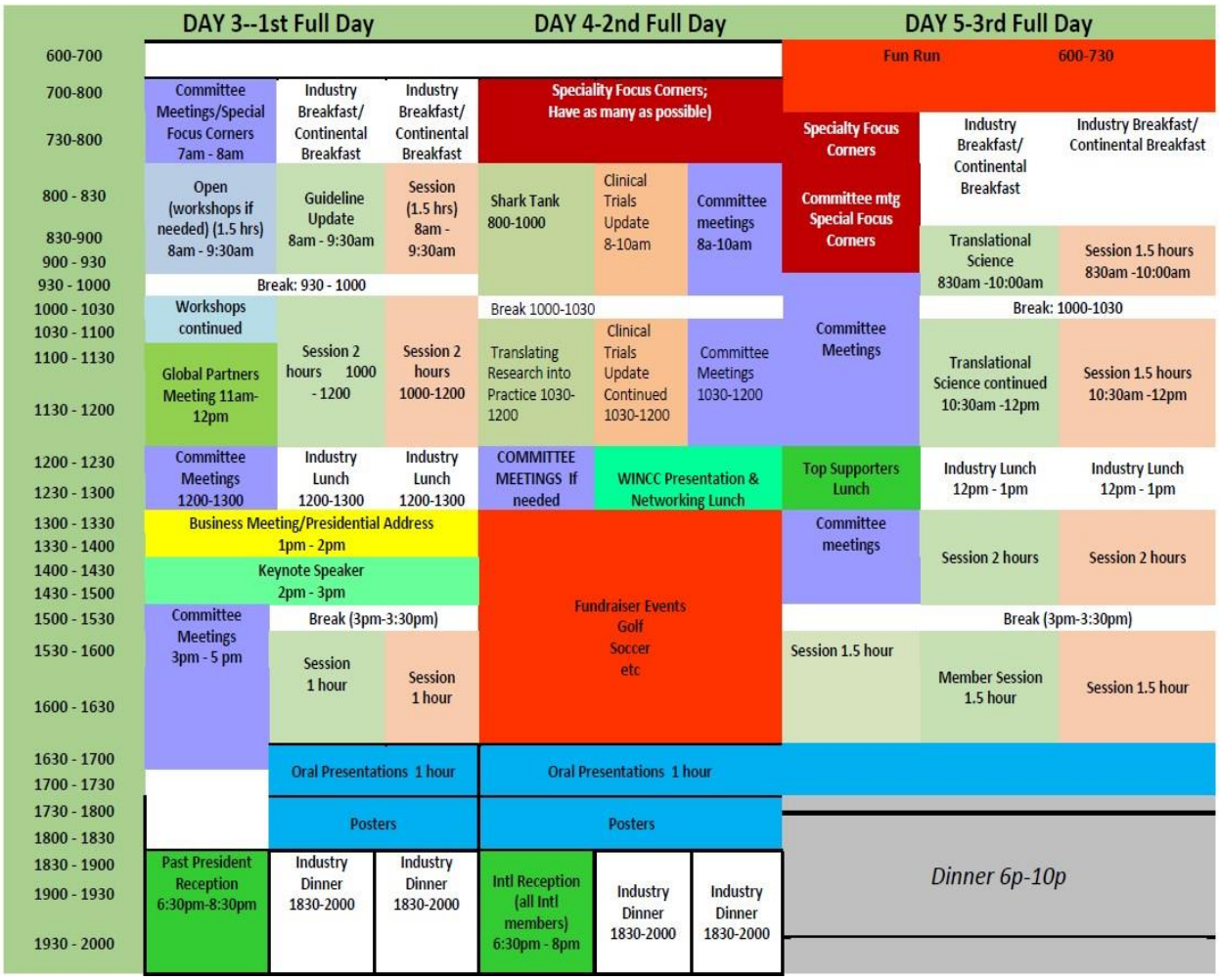
Neurocritical Care Middle East and North Africa Chapter of the International Pan Arab Critical Care Medicine Society 3

Appendix VII. ANNUAL MEETING TEMPLATE GRID

DAYS 1-2 Preconference Days

<table>
<tr><th></th><th>DAY 1 - Set up day</th><th></th><th colspan="5">DAY 2 -Pre-day</th></tr>
<tr><td>700 - 730</td><td rowspan="3"></td><td rowspan="3"></td><td colspan="5" rowspan="3"></td></tr>
<tr><td>730 - 800</td></tr>
<tr><td>800 - 830</td><td rowspan="3">Workshops 8am-9:30a TCD Course Part I: Physics & Background</td><td rowspan="3"></td><td rowspan="3">AM Workshops
8am - 9:30 am
1. US Echo 101
2. EEG 101
3. Intracranial Monitor Placement
4. Vent/Bronch
5. Pharmacotherapy
6. Essential Skills of Running a NICU</td><td rowspan="3">TCD Part 3: 50 cases
8am - 9:30am</td><td rowspan="3">Leadership Day
8am - 9:30am</td><td rowspan="3">ENLS</td><td rowspan="3">Practice Update
8-9:30 am</td></tr>
<tr><td>830-900</td></tr>
<tr><td>900-930</td></tr>
<tr><td>930-1000</td><td>Break</td><td></td><td colspan="5">Break 9:30 - 10:00am</td></tr>
<tr><td>1000-0130</td><td rowspan="4">Workshops
TCD Course Part I: Physics & Background Continued
10am-12am</td><td rowspan="4"></td><td rowspan="4">AM Workshops continued
9:00am - 11am</td><td rowspan="4">TCD Part 3: 50 cases Continued
10:00am - 12pm</td><td rowspan="4">Leadership Day continued
10:00am - 12pm</td><td rowspan="4">ENLS</td><td rowspan="4">Practice Update continued
10:00 - 12pm</td></tr>
<tr><td>1030-11</td></tr>
<tr><td>1100-1130</td></tr>
<tr><td>1130–1200</td></tr>
<tr><td>1200 -1300</td><td>Lunch (on own)</td><td>BOD Lunch</td><td colspan="3">Committee Meetings 12pm - 1pm</td><td>Industry Lunch 12- 1pm</td></tr>
<tr><td>1300 -1330</td><td rowspan="4">Workshops
TCD Part 2: 50 cases 1pm - 3:00pm</td><td>BOD Orientation 1-2pm</td><td rowspan="3">PM Workshops 1 - 3pm
1. US Echo 201
2. EEG 201
3. Applied Monitoring
4. Advanced Hemodynamics
5. Advanced Practice Providers
6. Prognostication & Shared Decision Making</td><td rowspan="3">TCD Part 4: Hands on Skills
12pm - 2pm</td><td rowspan="3">Leadership Day 1 - 3pm</td><td rowspan="3">ENLS</td><td rowspan="3">Practice Update 12 - 2pm</td></tr>
<tr><td>1330-1400</td><td rowspan="3">Board of Director Meeting
2pm - 6pm</td></tr>
<tr><td>1400-1430</td></tr>
<tr><td>1430-1500</td><td></td><td colspan="5"></td></tr>
<tr><td>1500-1530</td><td>(Break) 3-3:30</td><td rowspan="5"></td><td colspan="5">Break (3pm-3:30pm)</td></tr>
<tr><td>1530-1600</td><td rowspan="3">Workshops
TCD Part 2: 50 cases
3:30pm - 5:00pm</td><td rowspan="3">PM Workshops continued
3:30pm - 5pm</td><td rowspan="3">TCD Part 4: Hands on Skills Continued
3:30pm - 5pm</td><td rowspan="3">Leadership Day continued
3:30pm - 5pm</td><td rowspan="3">ENLS</td><td rowspan="3">Practice Update continued
3:30pm - 5pm
(& Committees if needed)</td></tr>
<tr><td>1600-1630</td></tr>
<tr><td>1630-1700</td></tr>
<tr><td>1700-1730</td><td rowspan="3"></td><td rowspan="2"></td><td colspan="5" rowspan="2">Awards Ceremony (FNCS/Poster/Honorary) 5pm -6:00pm</td></tr>
<tr><td>1730-1800</td></tr>
<tr><td>1800-1930</td><td></td><td colspan="5">Welcome Reception 6p-7:30pm</td></tr>
<tr><td>1930-2030</td><td></td><td>Pharmacy Reception
7:30pm - 8:30pm</td><td colspan="2">Residents and Fellows Reception
7:30pm -8:30pm</td><td colspan="2"></td></tr>
</table>

General Meeting Days 3-5



	DAY 3--1st Full Day			DAY 4-2nd Full Day			DAY 5-3rd Full Day		
600-700							Fun Run		600-730
700-800	Committee Meetings/Special Focus Corners 7am - 8am	Industry Breakfast/ Continental Breakfast	Industry Breakfast/ Continental Breakfast	Speciality Focus Corners; Have as many as possible)			Specialty Focus Corners	Industry Breakfast/ Continental Breakfast	Industry Breakfast/ Continental Breakfast
730-800									
800 - 830	Open (workshops if needed) (1.5 hrs) 8am - 9:30am	Guideline Update 8am - 9:30am	Session (1.5 hrs) 8am - 9:30am	Shark Tank 800-1000	Clinical Trials Update 8-10am	Committee meetings 8a-10am	Committee mtg Special Focus Corners		
830-900								Translational Science 830am -10:00am	Session 1.5 hours 830am -10:00am
900 - 930									
930 - 1000	Break: 930 - 1000								
1000 - 1030	Workshops continued			Break 1000-1030				Break: 1000-1030	
1030 - 1100							Committee Meetings		
1100 - 1130	Global Partners Meeting 11am-12pm	Session 2 hours 1000 - 1200	Session 2 hours 1000-1200	Translating Research into Practice 1030-1200	Clinical Trials Update Continued 1030-1200	Committee Meetings 1030-1200		Translational Science continued 10:30am -12pm	Session 1.5 hours 10:30am -12pm
1130 - 1200									
1200 - 1230	Committee Meetings 1200-1300	Industry Lunch 1200-1300	Industry Lunch 1200-1300	COMMITTEE MEETINGS If needed	WINCC Presentation & Networking Lunch		Top Supporters Lunch	Industry Lunch 12pm - 1pm	Industry Lunch 12pm - 1pm
1230 - 1300									
1300 - 1330	Business Meeting/Presidential Address 1pm - 2pm			Fundraiser Events Golf Soccer etc			Committee meetings	Session 2 hours	Session 2 hours
1330 - 1400									
1400 - 1430	Keynote Speaker 2pm - 3pm								
1430 - 1500									
1500 - 1530	Committee Meetings 3pm - 5 pm	Break (3pm-3:30pm)						Break (3pm-3:30pm)	
1530 - 1600		Session 1 hour	Session 1 hour				Session 1.5 hour	Member Session 1.5 hour	Session 1.5 hour
1600 - 1630									
1630 - 1700		Oral Presentations 1 hour		Oral Presentations 1 hour					
1700 - 1730									
1730 - 1800		Posters		Posters					
1800 - 1830									
1830 - 1900	Past President Reception 6:30pm-8:30pm	Industry Dinner 1830-2000	Industry Dinner 1830-2000	Intl Reception (all Intl members) 6:30pm - 8pm	Industry Dinner 1830-2000	Industry Dinner 1830-2000	*Dinner 6p-10p*		
1900 - 1930									
1930 - 2000									

Appendix VIII – Committee and Section Leadership

First Name	Last Name	Designation	Position	Committee/ Section	Current Chair/Chair-Elect Term
James	Szalados	MD, JD, MBA	Chair	Advocacy Committee	Chair 2018-2020
TBD	TBD		Chair-Elect	Advocacy Committee	Chair 2020-2022
Mary Kay	Bader	FNCS, RN, MSN, CCNS, FNCS, FAHA	Chair	Annual Meeting Committee	Chair 2018-2019
Lori	Shutter	MD, FNCS	Co-Chair	Annual Meeting Committee	Co-Chair 2018-2019
Sarah	Livesay	CNS, NP, RN	Chair	APP Section	Chair 2017-2019
Megan	Brissie	ACNP	Chair-Elect	APP Section	Chair 2019-2021
Jennifer	Frontera	MD, FNCS	Chair-Elect	Development Committee	Chair 2019-2021
Ryan	Hakimi	DO, MS	Chair	Development Committee	Chair 2017-2019
Theresa	Human	BCPS,FNCS,PharmD	Co-Chair	ED Products Committee	Co-Chair 2017-2019
Joshua	Levine	MD	Co-Chair	ED Products Committee	Co-Chair 2018-2020
Zahar	Safar	MD	Chair-Elect	ED Products Committee	Co-Chair 2019-2021
George	Lopez	MD	Chair-Elect	ENLS Committee	Chair 2020-2022
Chitra	Venkatasubramanian	MD	Chair	ENLS Committee	Chair 2018-2020
Michael	Schneck	MD	Chair	Ethics Committee	Chair 2018-2019
TBD	TBD		Chair-Elect	Ethics Committee	Chair 2019-2020
Matthew	Maas	MD	Chair	Fellowship Directors Section	Chair 2018-2019
Wade	Smith	MD, PhD, FNCS	Chair	Finance Committee	Chair 2018-2019
Maxwell	Damian	MD, PhD, FNCS	Chair-Elect	FNCS Committee	Chair 2019-2021
Wendy	Wright	MD, JM, FCCM, FNCS	Chair	FNCS Committee	Chair 2017-2019
Gretchen	Brophy	PharmD, BCPS, FCCP, FCCM, FNCS	Chair	Global Section	Chair 2018-2019
Herbert	Fried	MD	Chair-Elect	Guidelines Committee	Co-Chair 2019-2021
Mona	Kumar	MD	Co-Chair	Guidelines Committee	Co-Chair 2017-2019

Lori	Madden	CNS, NP, PhD, RN, ACNP-BC, CCRN, CNRN	Chair-Elect	Guidelines Committee	Co-Chair 2019-2021
First Name	**Last Name**	**Designation**	**Position**	**Committee/ Section**	**Current Chair/Chair-Elect Term**
Molly	McNett	RN, PhD	Co-Chair	Guidelines Committee	Co-Chair 2017-2019
Abhay	Kumar	MD	Chair	Marketing Communications Committee	
Audrey	Paulson	NP, DNP, CCRN, CNRN, SCRN	Chair-Elect	Marketing Communications Committee	
Panos	Varelas	MD, PhD, FNCS	Chair	Membership Committee	Chair 2018-2019
Gretchen	Brophy	PharmD, BCPS, FCCP, FCCM, FNCS	Chair	Nominating Committee	Chair 2018-2019
Brianna	Witherspoon	NP	Chair	Nursing Section	Chair 2017-2019
Karen	March	RN, MN, CCRN, CNRN	Chair-Elect	Nursing Section	Chair 2019-2021
Jason	Makii	MBA, PharmD	Chair	Pharmacy Section	Chair 2018-2020
Aaron	Cook	PharmD	Chair-Elect	Pharmacy Section	Chair 2020-2022
Navaz	Karanjia	MD	Chair-Elect	Quality Committee	Chair 2019-2021
Asma	Moheet	MD	Chair	Quality Committee	Chair 2017-2019
Susanne	Muehlschlegel	MD, FNCS	Co-Chair	Research Committee	Chair 2016-2019
Chethan	Venkatasubba Rao	MD	Co-Chair	Research Committee	Chair 2016-2019
Alexis	Steinberg	MD	Chair	Resident Fellow Section	Chair 2018-2019
Alexandra	Yakhkind	MD	Chair-Elect	Resident Fellow Section	Chair 2019-2020
Raj	Dhar	MD	Chair	Science Sub Committee	
Diana	Greene-Chandos	MD	Chair	WINCC Section	Chair 2019-2021
Deepa	Malayandi	MD	Chair Elect	WINCC Section	Chair 2021-2023

Appendix IX. Bylaws of the Neurocritical Care Research Network (NCRN)

The NCRN will be a sub-committee of the Neurocritical Care Society (NCS) committed to supporting and fostering the mission of the Society and will be accountable to its Board of Directors. The NCRN will be composed of neurocritical care units and passionate neurointensivists who are motivated to carry out excellent clinical research in neurocritical care and collaborate with colleagues around the world.

Mission

The mission of the NCRN will be to serve as a conduit for the design and execution of high quality, multi-center studies in the neurocritical care setting, intended to enhance the understanding of neurocritical care disorders and to improve outcome of the neurocritically ill patient. NCRN also will be committed to foster investigator-initiated collaborative studies and promote and promulgate neurocritical care research internationally.

Vision

1. To promote neurocritical care research.
2. To enhance and facilitate high-quality investigator-initiated studies.
3. To investigate clinically-relevant questions drawing from both bedside and laboratory observations.
4. To advance the understanding and development of research methods. ***Core values***

1. Collaboration and collegiality.
2. Innovation.
3. Promotion and development of scientific thought.
4. Integrity.
5. Accountability to our scientific community and our patients.

Structure

NCRN (the Network), will comprise of an executive committee, a group of scientific advisors, and the participating sites (Figure 1). Below is a description of the duties and obligations of each component of the Network.

Executive Committee

The Executive Committee will manage and control the Network and will abide by and enforce the mission and the core values of the Network. This committee also will provide for all the administrative management of the Network. The members of the Executive Committee will consist of the following: Chair, the immediate past-Chair, the Vice-Chair, members of the NCS research committee, and ten members elected from the participating sites. Each of these officers will hold their positions for a period of 2 years. They may be re-elected for a maximum of 2 more years if the membership believes it is in the best interest of the Network. The Chair will be elected by the Board of Directors of NCS. Any member of the society can nominate themselves for consideration. All other officers will be elected by the members of the Network.

The Chair's duties shall include the outside representation of the Network and its interests, the general direction of the affairs of the Network, chairing the meetings of the Executive Committee and chairing all the General Meetings of the Network. The Chair also will present an annual report to the Board of Directors of NCS. The Vice-Chair will be in charge of coordinating all the Network meetings, correspondence on behalf of the Network, and the minutes and agenda for every meeting. The other members from the NCS research committee and those elected from the participating sites will assist with the review of research proposals submitted to the Network. Such reviews will include critiques about the scientific validity of the proposals, possible grant funding mechanisms, and publications. In addition, these officers will assist the Chair, and Vice-Chair with execution of their duties.

Network Administrator

The Network financial administration will be carried out by the Administrative Office of the Neurocritical Care Society. Such administrative duties shall include the maintenance of the database of participating sites, maintenance of the Network website, the arrangement of teleconferences and face-to-face meetings, and disseminating the correspondence to all members. In addition, these duties shall include keeping a record of all funds paid and received by the Network, arranging for the auditing of accounts and their presentation to the Network meetings, and advising the Executive Committee in matters pertinent to the financial status of the Network. The Network website will be part of the website of the Neurocritical Care Society.

Scientific Advisors

The number of scientific advisors will vary depending on the needs of the Network. Such advisors will consist of individuals with expertise in the following areas: biostatistics and biometry, medical ethics and health policy, basic science research, clinical trials, translational research, human genetics and metabolomics, and neuroimaging. Individuals with expertise in other areas not mentioned also can be added if deemed necessary. These members will be selected from nominations presented by members of the Network or the NCS and there will be no fixed term limit. These members will be retained provided they contribute to the development of the scientific mission of the Network. The Executive Committee shall have the right to terminate the membership of any individual at any time if they consider that the member no longer contributes to the mission and core values of the Network.

The Scientific Advisors' duties shall be to offer honest and transparent advice to the Executive Committee in matters of development and implementation of research protocols including ideas for innovative studies that could be executed using the Network. The Executive Committee also will seek the help of these members in the review of research proposals submitted by investigators to the Network.

Participating Sites

All participating investigators and sites will be chosen from recommendations by members of the NCS. Both academic and privately-run neurocritical care units will be considered. Each potential site will be given a questionnaire to fill out

and the Executive Committee will review the responses and make the final recommendations as to whether a particular site has been accepted (Appendix A). Once accepted the participating site will be notified and asked to subscribe to the Network. The annual subscription to the Network will be determined by the Executive Committee and revised yearly as necessary.

The benefits of membership to participating neurocritical care units include opportunities to participate in well-conducted clinical trials and other research projects, access to a large population of neurocritically ill patients, international representation and reputation, professional collaboration with other neurocritical care units, access to expert academic advice from members of the Network, participation in all general meetings of the Network, and possibility of membership in the Executive Committee.

The participating sites' duties shall include honest and transparent participation in clinical trials or research projects that they are deemed well-suited for. The Principal Investigator of the research proposal being considered along with the Executive Committee will determine which Network sites will and can participate in a particular research project. These sites will pledge to uphold the principles of Good Clinical Practice and follow all the necessary regulatory requirements.

Once sites are accepted they will be entered into the Network database and will be eligible to participate in research studies. Not all Network sites will participate in all available studies at any given time since some of them may not have the adequate population. For instance, if the Network supports a study intervention in patients with subarachnoid hemorrhage the sites that treat these patients, particularly those with adequate volumes to allow trial enrolment, will be chosen to participate rather than those sites that primarily treat patients with traumatic brain injury or have low volumes of patients with subarachnoid hemorrhage.

The Executive Committee shall have the right to terminate the membership of any person or site at any time if they consider that the member no longer contributes to the mission and core values of the Network.

Studies Categories

Characteristics of studies to review

The Executive Committee will consider studies that comply with the mission and core values of the Network and will preferentially endorse protocols submitted prospectively (i.e., before any study activities are undertaken). However, the Executive Committee will make exceptions if special circumstances preclude that (i.e., timelines for grant applications or funding). The Executive Committee will review investigator-initiated protocols. However, industry-sponsored studies will be considered provided that the Executive Committee deems them to be in compliance with the mission and core values of the Network and that they will contribute to its future development.

All study protocols must be developed in accordance with Good Clinical Research Practice Guidelines and in compliance with the regulations and ethical guidelines for the protection of human subjects. In general the protocol format should include the following:

1. Cover letter addressed to the Executive Committee that details expectation from the review process.
2. Name of Principal Investigator and affiliated institution.
3. Study aims, hypotheses, and rationale.
4. Background and significance.
5. Preliminary data.
6. Study population: inclusion and exclusion criteria with justification, protocol for intervention and standard treatment, measurements and methodology of data collection, masking and randomization (if applicable), timelines (including patient accrual plan), and statistical analysis (including sample size calculations and analysis of outcome measures).
7. Human subject protection: data and safety monitoring, safety-related stopping rules, interim analyses, and reporting of adverse events.
8. Plan for monitoring and compliance: sample consent form, IRB submission or equivalent, and study monitoring plan (including protocol deviations and violations and data quality).

Application Process

Any investigator can submit a proposal for consideration by sending an e-mail to info@neurocriticalcare.org. The Executive Committee will review the proposal and nominate two of its members, who are not principal investigators on the study, to serve as anonymous reviewers. Principal Investigators will formally present their protocols to the Executive Committee via teleconferencing and to the entire Network membership during one of the face-to-face meetings. This will allow for exposure and feedback of all Network members to the protocols and identification of potential participating sites.

Three possible outcomes are expected: two recommendations for endorsement, two conflicting recommendations, or two recommendations for rejection. If two recommendations for endorsement are received notification of the pending endorsement will be sent to all Executive Committee members who are offered one week to voice any comments or concerns. If there is agreement, a letter that advises Network endorsement will be sent to the applicant. If two conflicting recommendations are received, the President may consult with the Executive Committee to decide the course of action. Once a consensus is reached, a notification will be sent to the applicant. If both reviewers recommend that the application be rejected, the President will personally notify the applicant. If appropriate, the Principal Investigator will have the opportunity to respond to reviewers' comments and suggested amendments and to resubmit the proposal. In addition, Principal Investigators may appeal in the event that endorsement is rejected. Appeals will be reviewed by the Executive Committee, and where appropriate by one of the Scientific Advisors.

Conditions of endorsement

The Network will endorse proposals based on merit taking into account whether the study is in compliance with its mission and core values. Investigators who apply for federal or industry funding sponsorship may not mention the Network in the application until the Executive Committee has formally endorsed the proposed study. The Principal Investigators' duties include becoming a member of the NCS and the Network (if not already), remaining as the representative with the Network for the duration of the sponsored study, submission of all potential conflicts of interest to the Network Administrator for review by the Executive Committee, and preparing and presenting a study progress report (including patient accrual rate, funding, and adverse events) during one of the Network face-to-face meetings. The Executive Committee reserves the right to withdraw study endorsement at any time should the study deviate from the mission and core values of the Network or unmanageable conflicts of interest arise or are discovered. The study data remain the ownership of the Principal Investigator but it is expected that he/she presents a data sharing plan. The Network endorsement does not entail funding; rather it will facilitate high-quality scientific feedback and access to participating sites and thus enhance the chances for securing such funding. The Network is not a funding source.

Network Funding

Funds will be needed to support the Network Administration as described above and the meetings planned by the Network. The administration of the Network will be supported by subscriptions received from all participating sites and from NCS funds. The Executive Committee will determine the annual subscription cost to join the Network. The Executive Committee will also seek NIH funding to support the Network meetings.

All funds raised by or on behalf of the Network will be applied to further the mission and core values of the Network and for no other purpose. The administrative office of NCS will keep the accounting records and prepare the reports annually or at such other intervals as the Executive Committee or the Board of Directors of the NCS may require. The Network accounts will be examined or audited at least once a year.

Data Ownership

The Principal Investigator and the Data Management Centers will retain ownership of the data for the duration of the study.

Publications

All publications that result from Network-endorsed studies must include its name. The preferred authorship should be as "Listed investigators and the NCRN Investigators". A list of the NCRN Investigators must be provided as an appendix at the end of each publication. All publications and presentations stemming from Network-endorsed studies must be prospectively approved by the Executive Committee. The procedures for review and approval are similar to those described above under conditions of endorsement for proposed studies. Investigators must not refer to the Network in those studies not sponsored by it.

Meetings

The Executive Committee will meet quarterly via teleconferencing and the Network membership will meet bi-annually in conjunction with the NCS annual meeting and with either the Society of Critical Care Medicine annual meeting or the International Stroke Conference. The Network meeting will be planned before or after the scientific gatherings mentioned above. The Vice-Chair, in consultation with the Chair, will organize the meetings, keep and disseminate the minutes to the Network membership not later than 1 week after their occurrence. The minutes will include a list of meeting attendees, the general organization of the conference and the discussions and voting that were undertaken. The quorum for the Executive Committee meetings will be 5 and for the bi-annual Network meetings will be 20. All questions or decisions that arise at any of the meetings will be decided by a majority vote. In case of equality of ballots, the Chair will cast the deciding vote. The Vice-Chair can also call for an emergency meeting to discuss issues that cannot be postponed until the regularly-scheduled meetings.

The business for the Executive Committee meetings will include discussions on proposals submitted by investigators, decisions about membership applications, the general status of the Network, and financial reports prepared by the Research Administrator and the Treasurer. The business of the general Network meetings will include presentations of the general status and Network updates by the Chair, research proposals by the Principal Investigators, updates on ongoing studies already endorsed by the Network, financial reports presented by the Administrative Office of NCS, minutes discussions chaired by the Vice-Chair, and any other order of business deemed necessary for discussion by either the Executive Committee or any other Network members. Even though the election of officers will be done electronically the general meetings also will serve for ratification of those positions.

Appendix X. NCRN Grants

A. NCS Research Training Fellowship Grant

1. NCS is pleased to announce a training fellowship for physicians, nurses, pharmacists, and other neurocritical care providers. This program was envisioned due to the high demand for clinical services, struggle for departmental support, and difficulty establishing mentorship relationships for young practitioners that makes the pursuit of research careers difficult. The direct goal of this program is to foster the development of close mentorship ties, protection of research time, pursuit of research training, and generation of preliminary data necessary to apply for additional scientist development training grants. This program is therefore aimed at promising applicants who are seeking a career in clinical or translational research in neurocritical care and ultimately wish to become independent investigators. Unlike longer training programs, this program is focused on identifying a single year that will allow the time and support to compete effectively for longer training opportunities. It is expected that at the end of the project, the trainee will be in the process of submitting applications for national, peer-reviewed funding mechanisms to continue the research and research training.
2. NCS has the stated mission to foster clinical, experimental, and outcomes research focused on developing innovative and cost-effective medical and surgical interventions for acute neurological disorders. Although any research pertaining to acute central nervous system (CNS) injuries or critical care will be considered, special weight will be given to projects that relate directly to issues important to patients with neurological critical illness.
3. Requirements
    a. An identified mentor who is an established investigator with independent funding.
    b. Protected research time by the applicant's department of at least 75%.
    c. Career training/development program with specific goals
    d. Identified research project
    e. Clear evidence of institutional support to cover salary gap and research costs.
4. Eligibility
    a. For the purpose of this fellowship, research is defined as patient-oriented research conducted with human subjects, or translational research specifically designed to develop treatments or enhance diagnosis of neurocritical care illnesses. These areas of research include epidemiologic or behavioral studies, clinical trials, studies of disease mechanisms, the development of new technologies, and health services and outcomes research.
    b. The applicant must be an NCS member in good standing (regardless of nationality or country of residency)) interested in an academic career with independent research funding. The award is available for members in all disciplines (physicians, nurses, pharmacists, PhD researchers, etc.) but is meant for early career individuals (within 5 years of completion of terminal degree or training). For physicians, this is best suited to add a supplemental year to fellowship training before entering the first academic position. For other applicants, this award may more likely be used to remove clinical responsibilities for an existing position.
5. Award
    a. The fellowship will be awarded to one (1) applicant for one (1) post-graduate year. Although applicants in-training may apply, the award year is not to be used during years of training (NCC

fellowship, NP school, PharmD residency, etc.). $70,000 of support for the applicant including salary and research +10% indirect cost to the institution will be awarded. The award is not intended to cover all the costs for the fellowship year. It is expected that the sponsoring institution contributes time and additional research/salary support. Supplementation of the stipend with other grants or by the sponsoring institution is permissible, but fellows may not accept other fellowships, similar awards, or have another source of support for more than 50 percent of their salary. The stipend cannot be used to support clinical fellowship, graduate school or residency training. Funding initiation is flexible to begin from January 1, 2018 to July 1, 2018 depending on the applicant's situation.

6. Application and Evaluation Procedure

a. In order to limit applicant effort, the applicants are asked to submit a two (2) page letter of intent by January 1, 2017. The letter should include:

- A description of the applicant's goals for a research career and their qualifications for beginning training in research.
- A concise description of the project and a strategy for completing the proposed project.
- Identification of a mentor(s) including the mention of the mentor's qualifications and area of expertise. A description of how the mentor's expertise will tie into the project should be included if the mentor's area of research is dissimilar from the project. Mentors can be located at any institution as along as a clear mentorship plan is outlined.
- A strategy for transitioning this work to a longer training grant opportunity.

b. A letter of support (1 page) from the applicant's department chair expressing support for the terms of fellowship should accompany the applicant's letter-of-intent.

c. Letters of intent will be reviewed by a Research Training Task Force to select applicants who will be invited to submit a full proposal.

d. All letters must be submitted to the Neurocritical Care Society at 330 N Wabash Ave. Suite 2000, Chicago, IL 60610 or emailed to info@neurocriticalcare.org

Neurocritical Care Society Research Study Funding Opportunity Announcement

FOA Number: NCS 2017 – RP1

Funding Opportunity Purpose: The purpose of this FOA is to develop pilot research strategies regarding enhancing clinical care in the Neuroscience intensive care unit. The award is intended to enable creation of pilot data that will facilitate the awardee to develop a future grant application to a national funding agency. This FOA encourages the understanding of mechanisms of diseases across the spectrum of neurocritical care, translational research and collaborative research. A separate training fellowship FOA exists and should be directed to the NCS Research Fellowship Training Award RFA.

Posted Date: November 1, 2017

Letter of Intent Due Date: December 15, 2017

Notice of Invitation for full proposal: January 15, 2018

Application due date: March 1, 2018

Scientific Merit Review: April 15, 2018

Award date: May 1, 2018

Earliest start Date: June 1, 2018

Funding Period: June 1, 2018 – May 31, 2019

Required Application Instructions:

LOI:

1. Specific Aims (1 page)
2. Outline of research plan (including impact, innovation, brief outline of preliminary data, and future directions) (2 pages).
3. Biosketch(es) of PI or co-PI's (new NIH biosketch format).

Full application (by invitation only after review of LOI):

Table of Contents:

1. Full Opportunity Description
2. Award information
3. Eligibility information
4. Application and submission information
5. Application review information
6. NCS contacts for NCS Research Committee

1. Full Opportunity Description:

The Neurocritical Care Society (NCS) seeks to foster research in neurocritical care through providing grant support to investigators, the creation of the Neurocritical Care Research Network, and through funded fellowships. The NCS has now created a new research grant opportunity for members in order foster promising and innovative research.

This scope of this FOA is to provide 1 year of funding for pilot studies that will enable the awardee to develop pilot data that furthers research in neurocritical care and enables the awardee to submit a formal proposal to national funding agencies such as the NIH, Department of Defense, PCORI, etc.

Research Objectives: The objectives of the research for this FOA are to promote creative and collaborative research to enhance clinical outcomes in neuroscience critical care. The NCS has adopted a leadership position in nurturing enhanced quality of care through innovative care strategies, translational science, use of technology, development of evidence-based medicine, study of point prevalence models of care, population science, and many others. There is a distinct clinical focus to the objectives of this research; however, translational science which have direct application to clinical care is also broadly within scope. The NCS wishes to foster longitudinally meaningful scientific projects that will be competitive for future funding from NIH, DOD or similar; and which serve to create a pipeline of research and enhance one of more scientific lines of research. The NCS desires to enhance collaborative research and team science, and enhance the rigor and visibility of neuroscience intensive care among existing and future team science collaborations. The NCS desires to foster studies within the NCRN but also enable members to be competitive for participation in other national and/or international networks.

Types of studies include, but are not limited to:

1) Point prevalence studies which describe a fundamental clinical care intervention and/or practice in a neuroscience intensive care unit
2) Informatics studies, which describe the fundamental aspects of data acquisition, monitoring, storage, analysis or processing in the neuroscience intensive, care unit.
3) Translational interventions, which foster novel treatment for common diseases seen in the neuroscience intensive care unit, with emphasis on proof of concept in a targeted patient population, conducted in a small multicenter study.
4) Pilot observational studies to determine feasibility of conducting a future observational or interventional study in the neuroscience intensive care unit.
5) Pilot trials to determine feasibility of conducting a future trial in the neuroscience intensive care unit. 6) Multidisciplinary process-oriented research that directly impact patient-centered care and outcomes 7) Population studies that will directly enhance the care of neurocritically ill patients.

Collaboration Objectives that are desired for this application:

1) Facilitate a future multicenter center approach to enhance scientific rigor and generalizability.
2) Create data formats, which could be used as models for national networks.
3) Enhance the opportunities for the NCRN to conduct early-phase studies.

The following would be considered to be non-responsive to this FOA:

1) Retrospective data reviews
2) Focused self-report surveys
3) Scientific mechanistic studies in a laboratory setting
4) Computational Algorithm development in a laboratory setting using preexisting data
5) Infrastructure or registry development proposals

2. **Award Information:**

The award will be up to $100,000. 10% indirect costs will be permitted if a necessary requirement of the institution. A single award will be issued each year. The award must be spent within period of the award notice, with no-cost extensions permissible with appropriate justification.

Budget Constraints: The budget is constrained to the following:

1) $15,000 maximum salary support for the PI
2) Patient enrollment reimbursement for study related costs
3) $10,000 for equipment
4) $5,000 for travel to facilitate multicenter study

3. **Eligibility Information:**

1) Higher education organizations similar to pre-existing NIH guidelines.
2) MD, MD-PhD, RN, Pharm D or similar degree
3) Career dedicated to Neuroscience critical care including being an active clinician
4) Active membership in good standing at the Neurocritical Care Society through the award time
5) There is no career level restriction for this FOA

4. **Application Information**

A. Mandatory Application Contents: use relevant NIH forms and formatting rules for each of these documents as applicable.

1) Biosketch of investigators (NIH 5 page format)
2) Budget
3) Budget justification
4) Environment description
5) Collaboration Plan for multiple centers
6) Collaboration Plan for the NCRN
7) Specific Aims (1 page limit)
8) Research Strategy (10 page limit)
9) Longitudinal Plan (beyond the period of funding) (1 page limit)
10) Human subjects safety (4 page limit)

11) Institutional Support letter (chair or dean) for longitudinal research agenda, to include adequate protected time to complete the proposed study
12) Letters of support from collaborating investigators
13) Waiver of Indirect costs letter (from each institution)
14) Data Sharing agreement between participating centers

B. Electronic Submission

1) Plan for PDF electronic submission to the NCS

Appendix XI Educational Product Application

Submitted by	
NCS Committees Associated with Product Development	
Publication type	
Title	
Proposed Production Timeline	
Anticipated Publication Date	
Book Specifications	
Topic Description	
Target Audience/Proposed Marketing Plan	
Table of Contents	
Basic Chapter Outline*	
Authors and Editors	
Text Revisions/Updates	
Future Versions	
Similar Products on the Market (include pricing)	
Anticipated Expenses	
Book List Price	
Revenue Generation	

Appendix: XII NCS Publishing and Distribution Agreement

Product Title:

This Publishing and Distribution Agreement ("Agreement") is made as of the later date signed below ("Effective Date") by and between the Neurocritical Care Society, Inc., a non-profit corporation located at 330 N. Wabash Ave, Suite 2000, Chicago, IL 60611

("NCS"), and [insert author's name], ("author") designation, U.S. citizen and address.

Whereas, NCS is multi-professional medical team, improving health care for patients with life-threatening neurological illnesses;

Whereas Author(s) have developed the content for the [Insert title of product] and wish to utilize NCS as a publishing and distribution house;

Now, therefore, in consideration of the promises and mutual covenants contained herein, and for other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, the parties, agree as follows:

1. **Definition**
   - **1.1 Product.** "Product" means [Insert title and description of product]
   - **1.2 End Users.** "End Users" mean individuals, such as nurses, physicians, and other health care professionals, who purchase the Product for their individual use and not for further resale.
   - **1.3 Gross Revenues.** "Gross Revenues" means all revenues actually received by NCS from the sale, both print and electronic versions, as well as translated versions, of the Product.
   - **1.4 Retailers.** "Retailers" mean any retailers, such as Amazon, Apple, Barnes & Noble, NCS OnDemand, and others that sell the Product to End Users.

2. **Authority of NCS.** NCS at its expense shall have the authority to undertake the following tasks described below.
   - **2.1 Content Review.** NCS may conduct a thorough internal review of the Product content to ensure scientific and medical accuracy.
   - **2.2 Formatting.** NCS may format the Product for compatibility with various print, electronic and digital editions of the Product. For purposes of use in electronic and digital forms, NCS may adjust the Product to the respective form of use and include links or otherwise combine it with other works.
   - **2.3 Reproduction and Distribution.** Should NCS decide to publish the Product, then NCS will undertake reproduction and distribution of the Product at its own expense and risk. However, NCS is not obligated to publish the Product or to continue its publication. Should NCS decline to publish the Product within twelve (12) months of delivery of a final manuscript, with all necessary changes effected, then all rights to the Product shall be transferred to Author(s), and this Agreement shall be terminated. All such rights shall also

transfer and this Agreement shall be terminated should NCS discontinue publication and sale of the Product for a continuous period of at least three (3) years.

2.4 Marketing. NCS shall market the Product at its sole discretion and the parties agree that there shall be no guaranteed marketing budget.

2.5 Agreements with Retailers. Once the Product has been approved as provided in section 2.1 above, and subject to Section 2.3, above, NCS shall use commercially reasonable efforts to enter into a distribution agreement with any corresponding Retailer for sale of Product.

2.6 Continuing Education. NCS will determine if the Product is eligible for application to continuing education boards. NCS will complete continuing education applications at its discretion and may require Author(s) assistance gathering information for this application.

3. [Author] Responsibilities. Author(s) shall be responsible for the following tasks described below.

3.1 Content. Author(s) shall be responsible for content creation. Author(s) agrees to prepare and submit the content for the Product no later than [date]. The content shall be submitted in such format as specified by NCS. Author(s) agree to revise content based on feedback provided by an internal NCS review, such revision to be delivered within thirty (30) days of receipt of such feedback. Author(s) agree to NCS retaining full editorial discretion.

3.2 Trademark and Copyright Notices. Author(s) shall place appropriate trademark and copyright notices on the [Product Name], as indicated by NCS.

3.3 Ownership of Product. Author transfers to, and NCS shall retain, all right, title and interest in and to the Product.

3.4 No Distribution of Product. Author(s) shall not distribute the Product to End Users or Retailers.

3.5 Updating of Product. Author(s) will revise the content of Product as directed by NCS, which is expected to be once every three years. If any Author is unwilling or unable to prepare the revision within a reasonable time, NCS shall then have the right to arrange with others for its preparation, and any compensation for such preparation shall be deducted from any compensation due to the Author(s), as well as any ongoing online complimentary access to the Product in digital form cancelled.

4. Copyright Transfer and Rights Granted.

4.1 Copyright Transfer. The Author(s) hereby assigns to the Neurocritical Care Society the full and complete copyright for the submitted work, present and future which includes without limitation the right to reproduce the work by way of all forms of publication whether now known or hereinafter invented and the right to grant sub-licenses of all translation and subsidiary rights on such terms as NCS shall determine, all rights in the nature of copyright, rental and lending and database rights and all other intellectual property rights in all languages throughout the world.

4.2 Author Rights. Author(s) retain the rights to use the content the Author(s) authored for the Product for the following personal, non-commercial purposes: teaching (including distribution of copies, paper or electronic), distribution of copies to research colleagues for their personal use, or inclusion in a thesis or dissertation.

4.3 Copyright Protection. NCS may take any necessary steps to protect the Product copyright against infringement by third parties. The copyright notice shall be inserted into all editions of the Product.

5. **Warranties.** Author(s) warrant that the Product is original except for such excerpts from copyrighted works (including illustrations, tables, animations and text quotations) as may be included with the permission of the copyright holder thereof, in which case(s) Author is required to obtain written permission to the extent necessary and to indicate the precise source.
   - **5.1** Author(s) warrant that Author(s) are entitled to grant the rights in accordance with section 4.3, that the Author(s) have not assigned such rights to third parties, that the Product does not contain any libelous statements and does not infringe on any copyright, trademark, patent, statutory right or proprietary right of others, including rights obtained through licenses; and that Author(s) will indemnify NCS against any costs, expenses or damages for which NCS may be liable as a result of any breach of this warranty.

6. **Compensation.** In consideration of the development and assignment of the product to NCS, NCS will offer a fee consecrate with the project.

7. **Complimentary Hard Copies and/or Online Access.** In consideration of the development and assignment of the Product to NCS, all authors will receive one complimentary hard copy of the print version of the Product **or** a complimentary copy of the Product in electronic/digital form (or complementary online access to the Product, if applicable). If Product is an ongoing subscription-based platform or enduring web-based activity with rotating Authors, Author will be given complimentary digital access during the Author's active term.

8. **Miscellaneous.**
   - **8.1** **Governing Law.** Any claim, controversy or dispute arising under or related to this Agreement shall be deemed to be made in, and governed and interpreted in accordance with the laws of the State of Minnesota without regard to the application of conflict laws principles. The sole forum for the resolution of disputes that cannot be resolved through negotiation shall be a State or Federal court in or for Chicago, IL.
   - **8.2** **Entire Agreement; Amendment.** This Agreement shall constitute the entire understanding of the parties with respect to the subject matter hereof, and it supersedes all prior agreements, understandings, warranties, or covenants, written or oral, express or implied, at law or in equity, respecting the subject matter hereof. This Agreement can only be amended or modified by a writing signed by the parties hereto.
   - **8.3** **Assignment.** This agreement is personal to the Author(s) and may not be assigned or transferred by either of them without NCS' prior written consent. NCS may assign or transfer this Agreement to (a) an affiliate or (b) in connection with the sale or other disposition of all or substantially all of the assets of NCS or any affiliate or subsidiary or division thereof, provided that (1) any such assignee agrees in writing with Author(s) to comply with NCS's obligations under this Agreement, and (2) in the case of an assignment in which NCS survives, NCS remains subject to all of its obligations under this Agreement.

8.4 Severability. In the event that any provision in this Agreement shall be held invalid or unenforceable by a court of competent jurisdiction, such holding shall not affect the validity or enforceability of any other provisions hereof, which remaining provisions shall continue in full force and effect.

8.5 Right to Compete. Nothing in this Agreement is intended to restrict NCS from developing or distributing products which are competitive with or similar to the Product.

8.6 Review of Agreement. Each party to this Agreement acknowledges that they have carefully read this Agreement, have had it explained by legal counsel or had the opportunity to discuss the same with legal counsel, and has voluntarily and freely agreed to those terms and signed this Agreement.

8.7 Counterparts; Electronic or Faxed Signatures. This Agreement may be executed in counterparts. Each party agrees that an agreement signed and submitted electronically or by facsimile machine shall have the same legally binding effect as an original paper version would have.

IN WITNESS WHEREOF, Author(s) and NCS have executed this Agreement as of the Effective Date.

Author Signature:

_____

Date:

_____

Author Signature:

_____

Date:

_____

The Neurocritical Care Society, Inc.

By: _____

Date:

_____

Appendix XIII: Guideline Committee Processes and Procedures

Guidelines Committee

Procedures for Development of Evidence-Based Guidelines and Consensus Statements And Documents Bearing NCS Imprimatur

A. Introduction

a. The Neurocritical Care Society (NCS) Guidelines Committee (GC) directs and oversees development of specialty appropriate clinical practice guidelines, oversees the internal and external review of documents requesting imprimatur of the society, and collaborates with other societies when endorsement or affirmation of content is requested.

b. The GC may also provide guidance on project nomenclature and resource allocation for endeavors that may not ultimately bear NCS imprimatur, but may benefit from structure provided by the committee.

c. The NCS Guidelines Committee follows a well-defined process for the development of specialty-appropriate clinical management guidelines and consensus statements.

d. This process follows recommendations from the Institute of Medicine (IOM) on development of clinical practice guidelines, and is consistent with processes employed by other organizations.

e. The purpose of this document is to outline the procedures for development of clinical practice guidelines and consensus statements developed by the NCS, and to delineate the process for oversight of additional documents that seek to bear society imprimatur.

B. Definitions

a. **Guidelines**. Systematically developed evidence-based statements and recommendations using GRADE or other recognized methodology to assist practitioners with patient care and clinical management decisions.

b. **Consensus Statements**. Recommendations developed using available evidence and expert opinion in areas where high quality clinical data is limited or does not exist for controversial clinical dilemmas.

c. **White Paper**. An authoritative report giving information on an issue. Informs readers about a complex issue, and provides frameworks and solutions for educational purposes.

d. **Position Paper**. A document that sets forth the opinion or stance of the society on a particular topic. The document includes background information and discussion on a topic to provide a thorough understanding of issues and rationale behind the position.

C. Oversight of the development of NCS Guidelines and Consensus Statements:

a. **Guideline Committee:** The NCS Guideline Committee will oversee the development of guidelines and consensus statements, the internal and external

review of documents requesting imprimatur of the society, and collaborate with other societies when endorsement or affirmation of content is requested.

b. **Mission**: The NCS Guideline Committee will provide specialty appropriate clinical management guidelines and consensus statements. The committee will strive to obtain diversity among the identified topic experts to facilitate a thorough review of the available evidence.
c. Guidelines and consensus statements produced through the efforts of this committee will be based on the best current medical evidence and expert opinions.
d. The process for internal and external review of documents will be overseen by the co-chair elects, and will be utilized for review of guidelines, as well as documents requesting society imprimatur, endorsement, or affirmation.

D. Organizational structure

a. **Committee Composition**. The committee shall consist of two Co-Chairs, two Co- Chair Elects, and one GRADE methodologist, as well as one Board of Director (BOD) representative, and an additional 8-12 committee members.
    i. The Co-chair elects serve as a member of the GC in the capacity of *External Guideline Representative (EGL).*
        1. The EGL is tasked to coordinate and communicate with the partnering societies, review and collate reviews of internal and external guidelines, and participate in planning meetings for all endeavors bearing NCS imprimatur.
    ii. Additional members (i.e. ex officio) may be invited to serve in a committee- related specific task force or subcommittee as deemed necessary by the GC.
b. **Guidelines Committee Co-Chairs**. There will be two Co-Chairs for the committee, one of which is a non-physician.
    i. Co-chairs will be appointed by the NCS Board of Directors.
    ii. Co-Chair responsibilities include selecting committee members for the Guidelines Committee, delegating tasks to achieve the committee's mission, reporting progress to the NCS Board of Directors, and ensuring the integrity of the guidelines or consensus statements developed.
    iii. The committee Co-Chairs will have designated NCS administrative staff partners who will help organize routine telephone conferences for the guideline committees and writing groups, document meeting discussions, post minutes on the committee website, obtain conflict of interest documentation from all guideline and writing committee members, and work with partnering societies as required.
c. **Guidelines Committee**. This committee consists of a multidisciplinary team of 8-12 NCS members.
    i. The GC shall contain representation from pharmacy, nursing, and diverse physicians specialties, such as neurology, anesthesia, internal medicine, and neurosurgery.
    ii. These nominations will follow the usual processes used by the Guidelines Committee to ensure an appropriate mix of healthcare professionals by gender, geographical distribution, and seniority.

Members with international, academic and non-academic backgrounds should also be considered. *Conflict of interest forms* (see Appendix III) signed by the Guidelines Committee co-

chairs will be reviewed for approval by the by the NCS Board of Directors and conflict of interest forms signed by members of the GC and writing committee will be reviewed for approval by the GC Co-Chairs.

E. Responsibilities of the Guidelines Committee:

a. Perform a member-based and practice-based needs assessment to identify potential guideline topics.
b. Refine topics to ensure suitability for guideline development.
c. Identify key experts in the chosen topic.
d. Determine the appropriate type of work product (e.g. guideline or consensus statement) for the proposed clinical topic.
e. Facilitate the development of 'best practice' clinical practice guidelines.
f. Ensure that financial sponsorship for guidelines or consensus statements is unrestricted and does not influence decisions on committee selection, literature selection, or content of the final product.
g. Train the writing group in GRADE methodology.
h. Assist in the determination of project specific timelines and metrics for success.
i. Facilitate and obtain the resources necessary for guideline production and completion.
    i. This includes but is not limited to literature review software, librarian services, medical writer, etc.
j. Ensure that the writing group is meeting predetermined timeline.
k. Perform extensive internal peer review of the final document.
l. Coordinate and oversee external peer review of final document if endorsement is required.
m. Coordinate approval of any final document with the NCS Board of Directors.
    i. This includes coordination of document review by NCS membership (when appropriate) and dissemination of content via publication, presentation at the annual meeting, and other mechanisms as appropriate.
n. <u>NCS endorsement of guidelines or consensus statements produced by other societies</u>.
    i. The Guideline Committee Co-Chairs will evaluate professional society requests for endorsement or partnership of guidelines or consensus statements.
    ii. If partnership is requested, the GC, along with the EC, will evaluate the proposed topic for relevance and applicability to the society membership. The two groups must classify the proposed document using criteria outlined in Appendix II. If the EC votes to proceed with partnership, a memorandum of understanding (MOU) must be executed with the partnering organization, and an official designee will be provided.
    iii. If NCS considers endorsement, a Call for Volunteers will be sent to the NCS membership.
        1. This call requests volunteers to serve on a panel of 5-10 NCS topic experts to review the guidelines, provide detailed feedback and vote for or against endorsement.
        2. The Co-Chair Elects (EGL) will oversee the review process.
            a. This typically includes
                i. Selection of the NCS member reviewers
                ii. Collation of comments received from reviewers including votes for/against endorsement
                iii. Creation of a written response to the requesting professional organization with NCS' position on

endorsement.

iv. This written response will be sent to the Guidelines Committee and Co-Chairs for review.
v. If approved, the Guidelines Committee Co-Chairs will compose a recommendation to the NCS Executive Committee for approval.
vi. The Guidelines Committee Co-Chairs will submit a letter to the outside organization informing them of NCS' decision to endorse or not endorse along with any comments. All reviewer names are kept confidential.

F. Guideline and Consensus Statement Topics

a. **Topic proposal**: Topics may be proposed by the GC, NCS members or professional organizations. (See Appendix I).
b. NCS performs an annual needs assessment via an online survey for topics suggestions. Additionally, at the Annual Meeting, topic suggestions may be made during the GC session, on evaluation forms and by web based survey.
c. GC Co-Chairs may be contacted directly via email or the website for topic suggestions.
d. Contact information of the GC Co-Chairs will be publicly available on the NCS website.
e. The following criteria will be considered when deciding on guideline and consensus statements topics:
    i. NCS members' needs
    ii. Prevalence of condition or problem
    iii. Health impact of the condition for the individual patient and for the community
    iv. Socioeconomic impact
    v. Extent of practice variation
f. Quality of available evidence and existence of guidelines on the same topic by other organizations, and urgency for evaluation of new practice technology. The GC will submit a rank order list of potential topics that were proposed by members and are suitable for a potential guideline or consensus statement to the Executive Committee and Board of Directors for final determination and allocation of resources of the new guideline or consensus statement.

G. Writing Committee

a. After selection of a guideline or consensus statements topic, a writing committee will be formed.
b. To facilitate this process, the GC Co-Chairs will appoint two individuals to serve as chairs of the writing committee.
c. The Writing Committee Chairs are responsible for the scope of the guideline, the evaluation of the literature, and to facilitate consensus among the writing committee.
d. They are responsible for the outline, writing assignments, document development and adherence to timelines.
e. They are responsible for facilitating Grading of Recommendations, Assessment, Development and Evaluation (GRADE) education.
    i. The GRADE methodology will be used for evaluating evidence and generation of recommendations. A GRADE coach will be assigned to each guideline to provide initial GRADE training, resources, and to ensure the process adheres to this methodology.
f. They edit the full document for consistency of style and voice.

H. Selection of the Writing Committee

a. NCS will assist the chair or co-chairs of writing committees in initiating an email or NCS website based Call for Volunteers.
b. Volunteers will need to provide a brief CV when indicating their interest. From the list of volunteers, writing committee members will then be identified primarily by the chair or co-chairs of the specific guideline in close discussion and under the oversight of the Guidelines Committee Co-Chairs.
c. Criteria for committee constitution include adequate representation of different specialty backgrounds, inclusion of junior as well as senior members. Members with international, academic and non-academic backgrounds should also beconsidered.
d. The Guideline Committee and Writing Committee Co-Chairs will determine if any of the members of the Writing Committee have conflicts of interest according to NCS policy *(see full Conflicts of Interest Policy under Appendix III)*.
e. Part- or full-time employees of a commercial interest as defined under ACCME definitions (Pharma) are prohibited from serving as members of a guideline writing committee. The final selection of writing committee members will be presented to the Neurocritical Care Society (NCS) Executive Committee forapproval.
f. The NCS Guidelines Committee reserves the right to make changes to thewriting committee of the guidelines or consensus statements to ensure balance, independence, objectivity and scientific rigor.
    i. The co-chairs cannot have any relevant financial or other important conflicts of interest related to the guideline topic – specifically with a commercial interest which is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.
    ii. Each Writing Committee member will be asked to complete a Conflict of Interest and Resolution Disclosure Form to identify such relationships.
    iii. The Guideline Committee may choose not to appoint an individual as a member of a writing committee if the individual has any of the following relationships to the topic or products being assessed: having stock or stock ownership, being compensated for expert testimony, being a pioneer or having any substantial direct or indirect compensation or other relationship

    that NCS Guidelines Committee deems as creating a conflict.
    iv. If a conflict does exist, the conflict must be resolved prior to participation on the writing committee.
    v. There is no financial compensation provided for members of the writing committee or writing committee chairs.

g. Resolution of a Conflict of Interest:

i. Individual disclosures will be reviewed by the Chairs of the Guidelines Committee

before official appointment to the committee. Resolution of conflict means ensuring that the content of the activity is aligned with the interest of the public. NCS shall resolve all conflicts of interest prior to the activity through one or more of the follows steps:

1. Request reassignment to a committee that will not result in a conflict
2. Abstain from discussions related to the conflict
3. Abstain from voting on a matter related to the conflict
4. Request reassignment to a committee that will not result in a conflict Divestiture of the relationship.

ii. The Ethics Committee can act in an oversight manner to help determine whether a conflict exists, resolve conflicts of interest, or organize its own subcommittee to review and resolve conflicts of interest that arise and are not resolvable at the committee level or whenever there has been a complaint by an individual member.

This oversight subcommittee will be comprised of the Board of Directors and two additional individuals appointed by the NCS President who do not have a direct relationship, financial or otherwise, with companies as defined above.

iii. The NCS requires that all personnel involved will disclose any and all potential conflicts of interest and resolve them prior to participation. The Executive Committee may also choose not to appoint an individual as a member of a committee or subcommittee if the conflict cannot be resolved.

I. Document Structure

a. **PICO Questions**.
b. Guidelines Committee will use PICO question as a starting point for member consideration. A well-built PICO question should include four parts, referred to as PICO that identify the patient problem or population (P), intervention (I), comparison (C) and outcome (O).
c. When identifying the P in PICO, it is helpful to ask:
   i. 1) how could you describe a group with a similar problem?
   ii. 2) How you would describe the patient to a colleague?
   iii. 3) What are important characteristics of this patient?
d. When identifying the Intervention (I), it is important to identify what you plan to do for that patient.
   i. This may include the use of a specific diagnostic test, treatment, adjunctive therapy, medication or the recommendation to the patient to use a produce or procedure.
   ii. This intervention is the main consideration for that patient.
e. The third point, Comparison (C) is the main alternative you are consideration. It should be specific and limited to one alternative choice in order to facilitate an effective computerized search.
   i. The Comparison is the only optional component in the PICO question. One may only look at the intervention without exploring alternatives and in some cases there may not be an alternative.

f. The Outcome (O) is the final aspect of the PICO question.
    i. It specifies the results(s) of what you plan to accomplish, improve or affect and should be measurable. Outcomes may include: 1) relieving or eliminating specific symptoms, improving or maintaining function, or enhancing esthetics.

J. Guideline Sections

a. Typically the guideline or consensus statement content will be divided into 4-5 subsections, one Writing Committee member (designated as "Section leader") will be primarily responsible for each subsection.
b. This section leader will be responsible for classifying the recommendations, determining the level of evidence, and writing a first draft for their section with a very strict deadline. A junior member should be assigned as the section leader, with a senior member partner assigned for guidance and editorial review.
c. Discussions among the writing committees will be coordinated by the designated Writing Committee Co-Chairs and arranged through the NCS offices.
d. Telephone conferences will be scheduled for preparatory discussions, followed by group meetings to finalize guideline development.
e. Efforts will be made to have meetings coincide with medical conferences to minimize travel requirements.

K. Format

a. To facilitate consistency a general outline for guidelines and consensus statements should be followed whenever possible (see Appendix I).
b. When recommending medications use generic names only, list classes of drugs and all drugs within that class.
c. Whenever a Guideline or Consensus Statement includes specific drug information, such sections of the document should be reviewed by a pharmacist during peer review.
d. Do not use abbreviations whenever possible.

L. Literature search:

a. After defining the guideline or consensus statement outline and scope, and identifying the writing committee members, a comprehensive search of the published literature will be conducted.
b. Medical librarian
    i. A medical librarian will be contracted by NCS to help develop and conduct a comprehensive literature search using publically available search engines, such as PubMed, Library of Science, Cochrane Database, EMBASE, CINAHL (Cumulative Index to Nursing and Allied Health Literature), or any other appropriate search engine.
    ii. The medical librarian assigned to the project will compile requested searches and citations relevant to the guideline or consensus statement topic from the database(s) and forward them to the writing committee members. For articles that are difficult to obtain or for committee members with less access, the

medical librarian will assist in obtaining the relevant literature.

c. Authors should also conduct/supplement literature search with the identified medical librarian.
    i. Although the librarian search is a helpful starting point, the Writing Committee members are the clinical and content experts.
    ii. The WG is expected to review additional sources of evidence and conduct additional literature searches to supplement broad findings of the librarian.
    iii. It is an expectation of the authors that they personally review the literature as well as the librarian.
d. Identified articles may be supplemented by searching the references of review articles, and suggestions of the writing committee.

M. Review of literature

N. Initial screening:

a. Abstracts will be reviewed to determine if they meet criteria for inclusion and pertinence to the topic.

O. Formal screening:

a. Panel members will review the identified articles and classify them on the basis of quality of study design (i.e. RCT, prospective non-randomized, retrospective cohort, retrospective observational [no comparison group], case series).

P. Standard criteria to be included as primary evidence are:

a. prospective randomized or non-randomized controlled trials, retrospective observational studies, meta-analyses, and case series with at least 5 patients
b. published in the English language (articles published in other languages may be included upon request)
c. human subjects only
d. depending on guideline appropriateness of age range
e. Criteria to be cited as supportive evidence: other case series, single case reports and review articles
f. Expert opinion can also be cited when there is no data available to support a recommendation.
g. Unpublished data may not be used to support recommendations. The rare exception for including unpublished data in the guideline text, figures, or tables is when the data have important public health implications.
h. The Task Force will review such cases on an ad-hoc basis. When trial data are discussed, the text should clearly state that the data are preliminary
i. The process of identifying the relevant literature must be meticulously documented by the librarian including search words and criteria, timing of search, number of identified articles.

Q. Grading process

a. Each section leader will propose a GRADE evidence classification for all recommendations that will then be brought to the entire writing panel for open discussion. Guideline

Committee Co-Chairs must approve the final method of grading.

b. **Classification of evidence and recommendations:** The primary method of classifying recommendations and grading evidence will be the GRADE system.
c. GRADE system [1] classifies recommendations as (1) strong and weak, and (2) the quality of evidence as high (further research is very unlikely to change our confidence in the estimate of effect), moderate (further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate, low (further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate, and very low quality (any estimate of effect is very uncertain).
d. The GRADE system offers two grades of recommendations: ''strong'' and ''weak.''
e. Strong recommendation: "we recommend"
    i. When virtually all informed patients would choose the same management strategy
f. Weak recommendation: "we suggest"
    i. Imply that choices will differ across the range of patient values and preferences
g. Strong Negative recommendations
    i. "We recommend against"
h. No *recommendation*
    i. *"*We provide no recommendation for**"**
    ii. Either a lack of evidence or a lack of consensus among subcommittee members
i. If no literature is available, the recommendation should be written as a statement and then "no recommendation, no evidence".
j. The chairs of each specific writing committee will be primarily responsible for collating sections into a draft of the guideline or consensus statement and ensuring all writing committee members agree with the recommendation classifications and evidence grades.
k. Recommendations will be given according to the following format: One or more clinical recommendations that answer the clinical question/objective (written in full sentences). Each recommendation is assigned a GRADE classification along with the supporting reference(s).
l. GRADEpro is software that was developed to facilitate the process of presenting and grading evidence transparently. It is generally free for use for single users and non- profit organizations. More information can be found at: http://ims.cochrane.org/revman/other-resources/gradepro/about-gradepro.

R. Review Process: Every guideline draft will undergo peer review by at least 10 NCS topic experts.

a. A Call for Reviewers is sent to the NCS membership soliciting topic experts representing physicians, pharmacists and nurses from institutions not already represented by the committee or other reviewers, of which at least one may be an international expert.
b. The GC Co-Chair Elects will serve as guideline representatives to oversee the review process for internal and external NCS reviewers.
c. Their tasks are to: 1) select NCS member reviewers, 2) collate comments received from reviewers including votes for/against endorsement; and 3) create a written response to the Writing Committee Chairs for the specific guideline that will be shared with the authors for discussion of revisions. All reviewer names are kept confidential.
d. The guideline draft may undergo review by other organizations in anticipation of endorsement.
e. Requests for external endorsement are submitted by the Guideline Committee Co-Chairs to the desired organization.

f. NCS works with one representative for each external organization to identify reviewers and follow up with responses.
g. All responses are reviewed by the Guidelines Committee Co- Chairs who will then forward the information to the Writing Committee Chairs for dissemination to authors and consideration of possible revisions.
h. Once all guidelines revisions have been made, a final document is presented to the Guidelines Committee Chairs. The Guidelines Committee Chairs then forward the final document to the NCS Board of Directors for review and approval.

S. Authorship:

a. Authorship of any document will be shared among the experts participating in guideline development.
b. Writing committee co-Chairs will be listed first and all other writing committee members will then be listed in alphabetical order. All authors must submit an NCS Disclosure and Confidentiality Agreement.

T. Length of document

a. The goal is to keepguidelines and consensus statements as brief as possible.

U. Timeline of Completing Guidelines and Consensus Statements:

a. Timelines will be developed for each individual topic. The Guidelines Committee willoversee progress of the respective topic groups in an effort to maintain adherence to the planned timeline.
b. If timelines are not being met, the guideline committee will work with the co-chairs to determine the source and alleviate barriers.
c. The general goal is to accomplish the steps from topic proposal to posting the finalized Guideline or Consensus Statement on the NCS website within a two year time frame.the following deadlines should be kept in mind:
   - Month 1:
     - Topic proposed
     - Topic selection by NCS Guideline Committee Writing committee selection
     - Conflict of interest determined by NCS administrative staff with input from the co- chairs as needed
   - Month 2-4:
     - Definition established/agreed upon
     - Identification of literature
   - Month 5-7
     - Assignments negotiated
     - Initial Categorization/grading of literature o

   Month 8-12
     - Topic specific review of literature
     - Assignments reviewed for ongoing appropriate division of work

Process Document

- Writing of draft
- Month 13-14
  - Recommendation classification and level of evidence assigned In-
  - person meeting to finalize draft
- Month 15-18
  - Revise based on feedback
  - Review by medical writer
  - Peer review
  - Public commentary
  - Approval process (potentially obtaining endorsement from other organizations) o

Month 19-24

- Publication
- Post on NCS website
- Presentation of Guidelines at national and international meetings

V. NCS Approval:

a. The final NCS guideline/consensus statement document must be approved by the Neurocritical Care Board of Directors.

b. The final recommendations for endorsement of external guidelines must be approved by the Neurocritical Care Executive Committee.

W. Publication of Guidelines/Consensus Statements:

a. Guidelines and consensus statements will be available for the public through the public section of the NCS website and will also be submitted to the National Guideline Clearinghouse (www.guidelines.gov) when applicable.

b. Guidelines will be presented in person at the NCS Annual Meeting once completed.

c. The final document will be submitted to Neurocritical Care Journal for potential publication at least 12 weeks prior to anticipate publication release.

d. The final document is to be submitted by the lead or corresponding author via the online submission system. If it is not accepted to this journal, other publication options will be considered.

e. NCS has the ability to distribute freely any guidelines and policy statements that are published in the Neurocritical Care Journal per item 3 c of our contract which states:

f. 3. Copyright. A. Copyright and all rights, title and interest in Journal, including trademark rights continue to be vested exclusively with Publisher. B. Publisher shall retain the right to register each issue of Journal in the Copyright Office of the United States in its own name in compliance with the United States Copyright law and the Universal Copyright Convention. C. The above notwithstanding, Society shall retain ownership and copyright to any and all Guidelines and Policy Statements published in Journal under its name.

X. Updating NCS guidelines and consensus statements:

a. Guidelines will be updated or affirmed every 4 years or earlier on the basis of the availability of new evidence.

b. The Guidelines committee is responsible for assuring that existing NCS Guidelines are not out of date and keep up with new evidence. Updates can also be initiated by the NCS membership via similar mechanisms as outlined for the proposal of novel guidelines.

Y. NCS Consensus Statements

a. Fundamentally Consensus Statements will be proposed for clinically relevant topics where high quality clinical data is limited or does not exist. The process of developing Consensus Statements is identical to that for Guidelines; however, the GRADE system will be the preferred classification system for Consensus recommendations.

Z. Sponsorship of Guidelines and Consensus Statements

a. Funding of guidelines or consensus statements will only be possible through unrestricted educational grants

b. Each proposal for funding will be evaluated by the Guidelines Committee to assure that the grant is unrestricted and does not influence decisions on committee selection, literature selection, or content of the end product

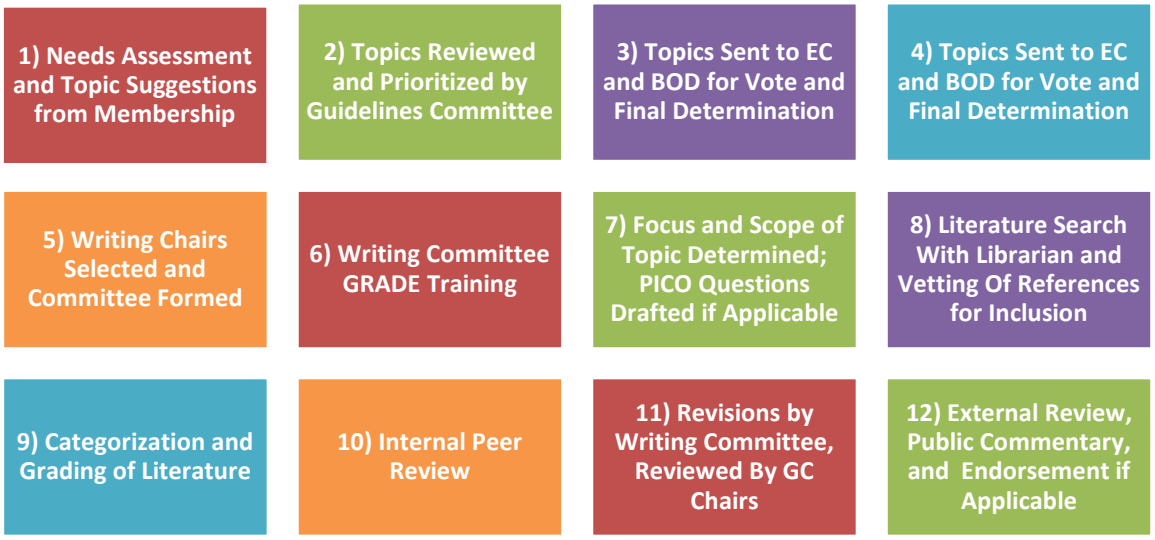
AA. Public access to Guidelines and Consensus Statement Process

The document specifying the process how NCS develops Guidelines and Consensus Statements will be available through the NCS website.

References

1. Jaeschke R, Guyatt GH, Dellinger P, et al. Use of GRADE grid to reach decisions on clinical practice guidelines when consensus is elusive. BMJ 2008;337:a744.
2. Gibbons RJ, Smith S, Antman E. American College of Cardiology/American Heart Association clinical practice guidelines: Part I: where do they come from? Circulation 2003;107:2979-86.

APPENDIX I: GUIDELINE DEVELOPMENT PROCESS



APPENDIX II:

PROCESS FOR INTERNAL PROJECTS THAT SEEK IMPRIMATUR OF THE NEUROCRITICAL CARE SOCIETY (NCS)

In order ensure quality, excellence and adherence to highest standards, we propose all projects requesting to bear the imprimatur of NCS should undergo formal review. Projects proposed to the Executive Committee (EC) or Guidelines Committee (GC) would receive preliminary review by both committees to determine document classification. Projects classified as a potential guideline, consensus statement, white paper, or position paper may be eligible for either endorsement or affirmation from the NCS. Other projects or publications would adhere to traditional submission and review processes by either the journal or other committee, but would not bear formal imprimatur on behalf of the society. For documents classified as potential guidelines, consensus statements, position papers, or white papers, oversight by the GC affords several benefits, which include: 1) alignment of needed resources, 2) formal process for internal and external review, 3) availability of GRADE methodologists, 4) allocation of meeting space and potential presentations at the annual meeting, 5) coordination with the Neurocritical Care journal for publication. Specific document nomenclature and resources are outlined below.

Clinical Practice Guidelines:

Definition: Statements that include recommendations intended to optimize patient care. Recommendations are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options using the GRADE methodology. Guideline committee resources for Clinical Practice Guidelines include: Guideline Committee oversight, project manager support, assistance with structured timeline, librarian services, distiller SR access, medical writer, formal internal and external review process, meeting space at NCS annual meeting, presentation during guidelines session at the NCS annual meeting, assistance securing external endorsement if applicable.

Consensus Statements:

Definition: Recommendations developed from a multidisciplinary panel of experts using available evidence and expert opinion in areas where high quality clinical data is limited or does not exist for controversial clinical dilemmas. Methodology can incorporate GRADE, but may not be as rigorous due to lack of evidence, and often employs expert opinion using a structured process for consensus and adjudication of recommendations. Guideline committee resources for Consensus Statements includes: Guideline Committee oversight, project manager support, assistance with structured timeline, librarian services, distiller SR access, medical writer, formal internal and external review process, meeting space at NCS annual meeting, presentation during guidelines session at the NCS annual meeting, assistance securing external endorsement if applicable

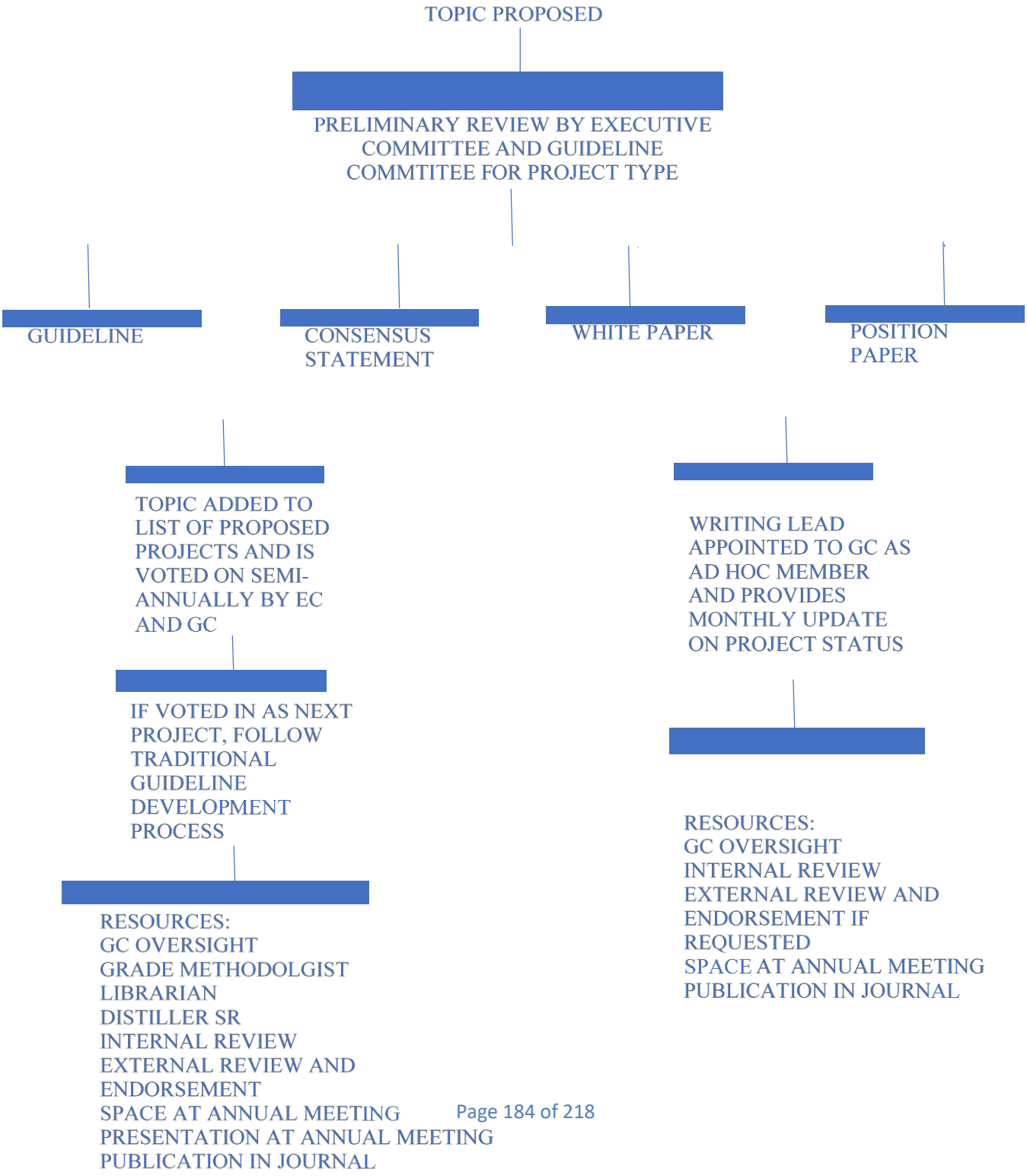
White Paper:

Definition: An authoritative report giving information on an issue. Informs readers about a complex issue, and provide facts and frameworks for solutions for educational purposes. Guideline Committee resources for White Papers include: Guideline committee oversight, assistance with structured timeline, formal internal and external review process, meeting space at NCS annual meeting, and assistance with external endorsement if requested.

Position Paper:

Definition: A document that sets forth the opinion or stance of the society on a particular topic. The document includes background information and discussion on a topic to provide a thorough understanding of issues and rationale behind the position. Guideline Committee resources for Position Papers includes guideline committee oversight, assistance with structured timeline, formal internal and external review process, meeting space at NCS annual meeting, and assistance with external endorsement if requested.

NCS Process for Imprimatur



Appendix III:

NCS CONFLICT OF INTEREST POLICY

The Neurocritical Care Society has developed the following policy on disclosure of financial relationships or other relationships based on the Code of Professional Conduct (COPC). This provides a general guideline for the ethical behavior in medical, social, and professional relationships that may occur in the exercise of the subspecialty of Neurocritical Care. The primary goal of this document is to promote the highest quality in the delivery of Neurocritical Care framed by traditional and modern ethical standards. It is the responsibility of the members of the Board of Directors, Chairs of the Committees, or any other individuals participating on a body that makes decisions for the Society to recognize, identify, disclose, and resolve actual or potential conflicts of interest involving matters that come before them or bodies on which they sit. Such members shall disclose all relevant information regarding the actual or potential conflict to the body and shall remove themselves from all discussion and voting on the matter. Disclosure of the information requested does not necessarily preclude participation of the Society's activities; however, all disclosures must be managed and resolved. Failure to complete the form may result in removal from the committee or work group.

A conflict of interest may exist whenever a member is in a position to directly or indirectly benefit himself or herself, a family member(s), other individuals, or another organization with which the individual is affiliated through the use of their role in the Society. To this effect, members who are not company employees shall refrain from publicly endorsing a company's product in the advertising media in any manner, which shall be construed as representing the opinion of the NCS.

1. A relevant financial relationship is defined as a financial relationship (in any amount occurring in the last 12 months) that creates a conflict of interest. A financial relationship is defined as a relationship in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor/research, consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received or expected.

2. All staff, committee members, volunteers, meeting faculty and speakers must complete a Full Disclosure Form indicating any relevant financial relationship(s). Any conflicts that exist must be resolved in accordance with the Conflict Resolution Policy.

3. Completed disclosure forms must be reviewed and discussed by the Ethics Committee. Committee

members, planners, faculty shall receive clear and unambiguous instructions that failure to return the form by stated deadline will result in disqualification from participants in the activity. Reminders shall be sent at reasonable periods prior to the deadline. Individuals who fail or refuse

Guidelines Committee Process Document

To disclose their relevant financial relationship(s) will be prohibited from participating in the activity.

4. The following information regarding relevant financial relationship(s) of all individuals will be disclosed to the Neurocritical Care Society:
   a. The name of the individual
   b. The name of the company(ies) with which the relationship exits
   c. What was received
   d. The nature of the relationship the individual has with each company

5. All disclosure information will be disclosed on the NCS Website.

Policy of Resolution of Personal Conflict of Interest

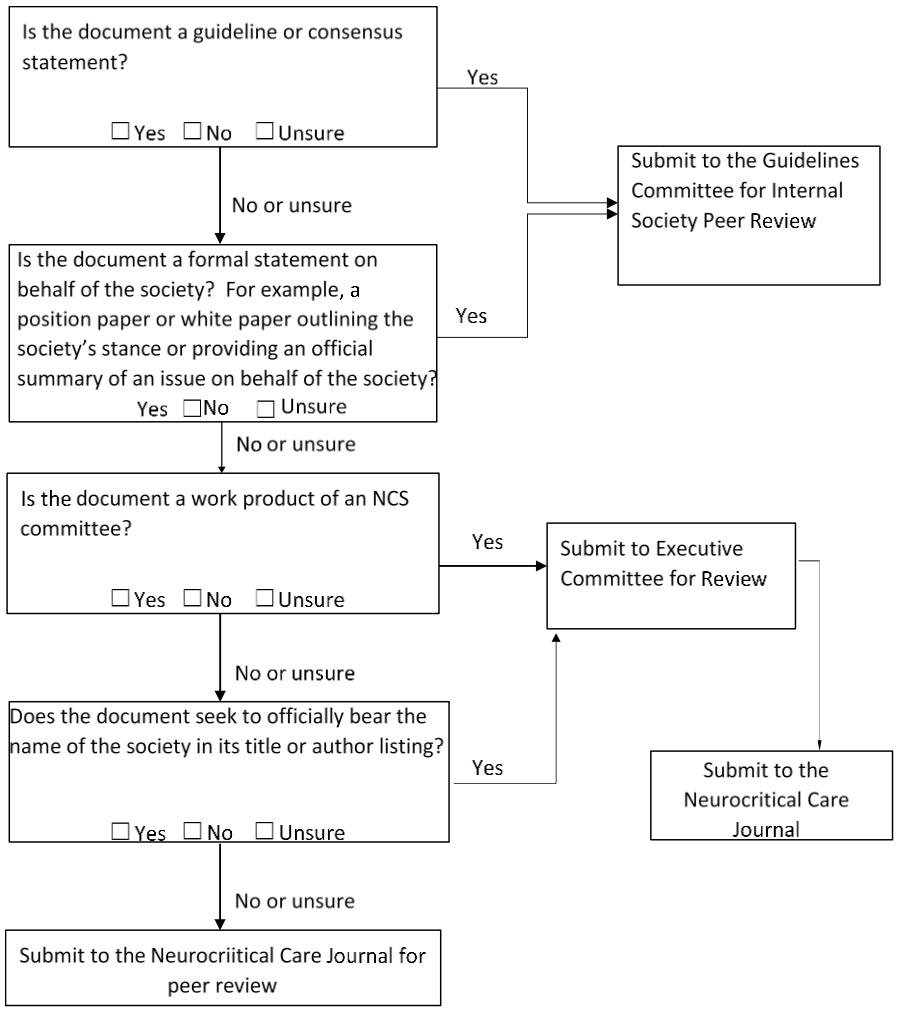
Resolution of conflict means ensuring that the content of the activity is aligned with the interest of the public.

1. NCS shall identify all conflicts of interest for individuals in a position to control the content of an activity. A Conflict of Interest can be said to exist under the follow condition:
   a. The individual has a financial relationship with a company
   b. The opportunity to affect the content of the activity relevant to the products or services of that company.

2. NCS shall resolve all conflicts of interest prior to the activity through one or more of the follows steps:
   a. Request reassignment to a committee that will not result in a conflict
   b. Abstain from discussions related to the conflict
   c. Abstain from voting on a matter related to the conflict
   d. Request reassignment to a committee that will not result in a conflict
   e. Divestiture of the relationship

The Ethics Committee can act in an oversight manner to help determine whether a conflict exists, resolve conflicts of interest, or organize its own subcommittee to review and resolve conflicts of interest that arise and are not resolvable at the committee level or whenever there has been a complaint by an individual member. This oversight subcommittee will be comprised of the Board of Directors and two additional individuals appointed by the NCS President who do not have a direct relationship, financial or otherwise, with companies as defined above.

The NCS requires that all personnel involved will disclose any and all potential conflicts of interest and resolve them prior to participation. The Executive Committee may also choose not to appoint an individual as a member of a committee or subcommittee if the conflict cannot be resolved.


Is the document a guideline or consensus statement?
☐Yes ☐No ☐Unsure
Yes
Submit to the Guidelines Committee for Internal Society Peer Review
No or unsure
Is the document a formal statement on behalf of the society? For example, a position paper or white paper outlining the society's stance or providing an official summary of an issue on behalf of the society?
Yes ☐No ☐Unsure
Yes
No or unsure
Is the document a work product of an NCS committee?
☐Yes ☐No ☐Unsure
Yes
Submit to Executive Committee for Review
No or unsure
Does the document seek to officially bear the name of the society in its title or author listing?
☐Yes ☐No ☐Unsure
Yes
Submit to the Neurocritical Care Journal
No or unsure
Submit to the Neurocriitical Care Journal for peer review

BYLAWS

Last Revised: March 2018

Appendix XIII: NCS BYLAWS

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BYLAWS OF THE NEUROCRITICAL CARE SOCIETY INC.
A NEW YORK NOT-FOR-PROFIT CORPORATION

ARTICLE I
NAME OF CORPORATION

Section 1. Name of Corporation.

The name of this Corporation shall be THE NEUROCRITICAL CARE SOCIETY INC. (hereinafter referred to as the "Society")

ARTICLE II
MEMBERS

Section 1. Classes of Members.

The Society shall have three classes of members, designated as full, junior, and honorary members.

(a) *Full members.* For eligibility as a full member of the Society an individual must be a physician, nurse, pharmacist, advanced practitioner, or other professional who has an interest in neurocritical care and/or participates in the management of critically-ill neurological patients.

(b) *Junior Members.* For eligibility as a junior member in the society an individual must be a physician, nurse, pharmacist, advanced practitioner, or other professional holding a residency or training position in neurocritical care setting who has demonstrated an interest in neurocritical care.

(c) *Honorary Members.* Honorary Members are those who, by reason of professional qualifications and contributions to the field of neurocritical care are deemed worthy of such selection to membership of the Society.

Section 2. Annual Meeting.

The Society shall meet annually within one hundred eighty (180) days of the close of the fiscal year, at a place, date, and hour designated by the Board of Directors. An Annual Business Meeting shall be held during the Annual Meeting.

Section 3. Special Meetings.

Special meetings of the members may be called at any time by the President, the Board of Directors, or by 25% or more of the full members.

Section 4. Action by Members Without a Meeting.

Whenever members are required or permitted to take any action by vote, such action may be taken without a meeting using electronic communication or other medium as approved by the Board of Directors and as permitted by law.

Section 5. Place of Meetings.

Meetings of the members shall be held at a place, date, and hour designated by the Board of Directors.

Section 6. Notice of Meetings.

(a) Written notice by any means including electronic communication, shall be given to each member, and such notice shall state the place, date and hour of the meeting. Notice of a Special Meeting shall also state the purpose or purposes for which the meeting is being called.

(b) A copy of the notice of any meeting shall be distributed to members not less than ten nor more than sixty days before the date of the meeting to each member entitled to vote at such meeting.

(c) Notice of meeting need not be given to any member that submits a signed waiver of notice, in person or by proxy, whether before or after the meeting. The attendance of any member at a meeting in person or by proxy, without protesting prior to the conclusion of the meeting the lack of notice of such meeting, shall constitute a waiver of notice by such member.

Section 7. Qualification of Voters.

(a) Members of all classes in good standing shall be entitled to vote, and each such full member shall have one vote.

(b) Removal for Cause: Membership may be denied, revoked or restricted for cause only by action of the Board, which may only be taken pursuant to the Society's Disciplinary Policy.

Section 8. Quorum and Adjourned Meetings.

(a) One-tenth of the total number of members entitled to vote shall constitute a quorum for the transaction of business.

(b) A majority of the members present, whether or not a quorum is present, may adjourn any meeting to another time and place without notice to any member.

Section 9. Organization.

At every meeting of the members the President, or in the absence of the President, the Vice President, or in the absence of such officers, a person selected by the full members present, shall act as chairman of the meeting. The Secretary or, in the absence of the Secretary, any Assistant Secretary, shall act as secretary of the meeting, and in the absence of both the Secretary and any Assistant Secretary, a person selected by the full members present shall act as secretary of the meeting.

Section 10. Voting.

(a) Whenever any corporate action, other than the election of directors, is to be taken by vote of the members entitled to vote, it shall, except as otherwise required by law or by the Certificate of Incorporation, be authorized by a majority of the votes cast at such meeting.

(b) Directors shall be elected by the plurality of the votes cast by eligible members in a designated election except as otherwise required by law.

Section 11. Proxies.

(a) Each member entitled to vote at a meeting of members may authorize another person or persons to act for such member by proxy.

(b) Every proxy must be signed by that member, and the authority of the proxy shall be limited to the purpose stated therein. No proxy shall be valid after the expiration of eleven months from the date thereof unless otherwise provided in the proxy. Every proxy shall be revocable at the pleasure of the member executing it, except as otherwise provided by law.

(c) The authority of the holder of a proxy to act shall not be revoked by the incompetence or death of the member who executed the proxy unless, before the authority is exercised, written notice of an adjudication of incompetence or of death is received by the Secretary or an Assistant Secretary.

Section 12. Reports.

The Board of Directors shall present at each Annual Meeting of the Members a report, verified by the President and Treasurer or by a majority of the Board of Directors, or certified by an independent public or certified accountant or a firm of such accountants selected by the Board of Directors, showing in appropriate detail the following:

(a) the assets and liabilities, including the trust funds, of the Society as of the end of a twelve (12) month fiscal period of the Society terminating not more than six (6) months prior to said meeting;

(b) the principal changes in assets and liabilities, including trust funds, during said fiscal period;

(c) the revenue or receipts of the Society, both unrestricted and restricted to particular purposes, during said fiscal period;

(d) the expenses or disbursements of the Society, for both general and restricted purposes, during said fiscal period; and

(e) a summary of the activities of the Society during the preceding year..

Each such report shall be filed with the records of the Society and a copy or an abstract thereof shall be entered in the minutes of the proceedings of the Annual Meeting at which the report is presented.

Section 13. General Provisions for Membership.

(a) *Application and Admission to Membership.* Application for membership shall be made on a form prepared by the Executive Director or his/her designee, as approved by the Board of Directors. Completed applications shall be submitted to the Executive Director, or his/her designee, accompanied by the applicable dues and fees.

(b) *Dues.* The dues structure for the Society shall be established by the Board of Directors, subject to approval by a vote of the members.

(c) *Good Standing.* To be considered a member in good standing, the requirements of this section must be observed. Membership is an honor and privilege that may be suspended or revoked for cause. Any member whose dues payment has not been received and credited within ninety (90) days from his/her dues date can be suspended from membership and its rights and privileges. Any member who has been convicted of a felony under the penal law of the state or foreign jurisdiction or any member whose license to practice his/her profession has been suspended, revoked or

surrendered to any state or foreign jurisdiction shall no longer be eligible for membership, as his/her membership shall be suspended.

ARTICLE III
BOARD OF DIRECTORS

Section 1. Power of Board and Qualification of Directors.

The Society shall be managed by its Board of Directors. Members of the Board of Directors are elected by the general society membership. Each director shall be at least eighteen years of age.

Section 2. Number and Term of Office.

(a) The Board of Directors shall consist of not less than seven (7) nor more than thirty members (30), the number of directors to be determined from time to time by resolution of the Board of Directors or by action of the full members, provided that any action by the Board of Directors to effect such increase or decrease shall require the vote of a majority of the entire Board of Directors, and further provided that no decrease in the number of directors shall shorten the term of any incumbent director. All Past-Presidents (except the Immediate Past-President) will be ex officio (non-voting) members of the Board of Directors and will have the right to attend meetings at their discretion; their numbers shall not be considered for purpose of Board size or for determination of quorum.

(b) Annually, directors shall be elected from the general membership of the Society to hold office for a four-year term and until their successors have been elected, qualified, and seated at the next Annual Meeting of the Board of Directors. Included in the election of the directors, shall be up to five International Regional Committee chairpersons from each of the five regions (Asia, Europe, Central/Caribbean and North America, Mideast/Africa and South America) who will hold director office fora two-year term and until their successors have been elected and qualified.

(c) Each director shall have one vote.

(d) Members who have served a full term on the Board of Directors may not be re-elected for a period of one full year after completion of their term on the Board.

(e) Members who have served two terms on the Board of Directors may not be re-elected.

(f) No Past President may be elected to serve on the Board of Directors.

Section 3. Organization.

At each meeting of the Board of Directors, the President, or, in the absence of the President, the Vice President, shall preside, or in the absence of either of such officers, a chairman chosen by a majority of the directors present shall preside. The Secretary shall act as secretary of the Board of Directors. In the event the Secretary shall be absent from any meeting of the Board of Directors, the meeting shall select its secretary.

Section 4. Resignations and Removal of Directors.

(a) Any director of the Society may resign at any time by giving written notice to the President, or to the Secretary. Such resignation shall take effect at the time specified therein or, if no time be specified, then on delivery.

(b) Any director who has more than two (2) unexcused absences within the same fiscal year shall be deemed to have resigned from the Board of Directors, and not further action shall or need be taken.

(c) Any director may be removed for cause by vote of the Board of Directors.

(d) Any or all of the directors may be removed without cause by vote of the majority of the members.

Section 5. Newly Created Directorships and Vacancies.

Newly created directorships resulting from an increase in the number of directors and vacancies occurring in the Board of Directors for any reason shall be filled by vote of a majority of directors then in office, regardless of their number. Directors elected to fill newly created directorships shall hold office until their successors have been elected or appointed and qualified; there shall be no classification of these directors until the next annual meeting of members. Directors elected to fill vacancies shall serve until the next annual meeting at which the election of directors is in the regular order of business, and until their successors are elected and have qualified.

Section 6. Action by the Board of Directors.

(a) Except as otherwise provided by law, the Certificate of Incorporation of the Society, or in these by-laws, the act of the Board of Directors, whether in-person or remotely, means action of the Board by vote of a majority of the directors present at the time of the vote, if a quorum is present at such time.

(b) Any action required or permitted to be taken by the Board of Directors or any committee thereof may be taken without a meeting if all members of the Board or the committee consent in writing to the adoption of a resolution authorizing the action. Any director or committee member may assent to a written consent electronically. The resolution and the written consents thereto by the members of the Board or committee shall be filed with the minutes of the proceedings of the Board or committee.

(c) Any one or more members of the Board of Directors or any committee thereof may participate in a meeting of such Board or committee by means of a conference telephone or similar electronic communications equipment allowing all persons participating in the meeting to hear each other at the same time. Participation by such means shall constitute presence in person at a meeting.

Section 7. Place of Meeting.

The Board of Directors may hold its meetings at the principal office of the Society, or at such place or places or in electronic format within or without the State of New York as the Board of Directors may from time to time by resolution determine.

Section 8. Annual Meeting.

As soon as practical after the election of directors at the Annual Meeting of the members, the Board of Directors shall meet for the purpose of organization, qualification of Officers, and the transaction of other business. Notice of such Annual Meeting need not be given.

Section 9. Regular Meetings.

Regular meetings of the Board of Directors may be held without notice at such times as may be fixed from time to time by resolution of the Board of Directors. The annual schedule of regular meetings shall be established at the Annual Meeting.

Section 10. Special Meetings.

Special meetings of the Board of Directors shall be held whenever called by the President. Notice shall be given orally, by telefax, by mail, or by email to the last address known to the Society and shall state the purposes, time and place of the meeting. If notice is given orally, in person or by telephone, it shall be communicated not less than one (1) day before the meeting; if it is given by telefax, or email, it shall be transmitted not less than three (3) days before the meeting; and, if it is given by email, it shall be mailed not less than seven (7) days before the meeting.

Section 11. Waivers of Notice.

Notice of a meeting need not be given to any director who submits a signed waiver of notice whether before or after the meeting, or who attends the meeting without protesting, prior thereto or at its commencement, the lack of notice.

Section 12. Quorum and Manner of Participation.

(a) A majority of the Board of Directors shall constitute a quorum for the transaction of business.

(b) A majority of the directors present, whether or not a quorum is present, may adjourn any meeting to another time and place without notice to any director.

(c) Any one or more members of the Board of Directors, or of any committee, may participate in a meeting of the Board or committee by means of a conference telephone or similar communications equipment or by electronic video screen communication, as long as all persons participating in the meeting can hear each other at the same time and each person can participate in all matters before the Board or committee including, without limitation, the ability to propose, object to and vote upon a specific action to be taken by the Board or committee. Participation by such means shall constitute presence in person at such a meeting.

Section 13. Annual Report.

The Board of Directors shall present at the Annual Meeting of members a report certified by a firm of independent public accountants selected by the board or verified by a majority of the directors, showing in appropriate detail the following:

(a) A summary of the assets and liabilities, including the trust funds, of the Society as of the end of the last fiscal year.

(b) Any significant changes in assets and liabilities, including trust funds, during said fiscal period.

(c) A summary of the revenue or receipts of the Society, both unrestricted and restricted to particular purposes during said fiscal period.

(d) A summary of the expenses or disbursements of the Society for both general and restricted purposes, during said fiscal period.

This report shall be filed with the records of this Society and a copy thereof entered in the minutes of the proceedings of the Annual Meeting of the members.

ARTICLE IV
COMMITTEES

Section 1. Executive Committee and Other Committees of the Board.

(a) The Board of Directors, by resolution or resolutions adopted by a majority of the Entire Board, may designate from among its members an Executive Committee, an Audit and Compliance Committee, and other standing and special committees of the Board of Directors, each consisting of three or more Directors with one Director being designated as the committee chairman, and may designate one or more Directors as alternate members of any such committee who may replace any absent member or members at any meeting of such committee. The President of the Corporation shall be an ex-officio voting member of all committees of the Board of Directors.

(b) The Executive Committee consists of the Officers and three (3) or more Directors as selected by the President. The Immediate Past President will serve as a voting member of the Executive Committee.

(c) The committees of the Board of Directors shall have such authority as defined by the Board; and the Executive Committee shall have all the authority of the Board, except that no such committee shall have authority as to the following matters:

i. The submission to the members of any action requiring the members' approval under the law.

ii. The filling of vacancies in the Board or in any committee.

iii. The fixing of compensation of the directors for serving on the Board or on any committee.

iv. The amendment or repeal of the by-laws, or the adoption of new by-laws.

v. The amendment or repeal of any resolution of the Board, which by its terms, shall not be so amendable or repealable.

Section 2. Audit and Compliance Committee.

The Audit and Compliance Committee shall consist of at least three (3) independent Directors, one of which shall be the Immediate Past President. In addition to any other duties as may be assigned by the Board of Directors from time to time, the Audit and Compliance Committee shall:

(a) Overseeing the Society's accounting and financial reporting processes.

(b) Overseeing an audit of the Society's financial statements.

(c) Annually retaining or renewing the services of an independent auditor, and discussing audit results with the independent auditor. Prior to the audit, reviewing the scope and planning of the audit with the auditor.

(d) Following the audit, reviewing with the auditor any material risks or weaknesses identified, any restrictions on the scope of the auditor's activities, any significant disagreements between the auditor and management, and the adequacy of the corporation's accounting and financial processes.

(e) Annually considering the auditor's performance and independence

(f) Review all Director and nominee conflict of interest statements and report any recommendations or conclusions to the Executive Committee.

(g) Semi-annually, or more frequently as necessary, report its activities to the Board of Directors

Section 3. Committees of the Corporation.

The Board may create such committees of the Corporation as it may deem desirable. Each such committee shall include at least three (3) members, of whom at least one (1) shall be a Director. The members of such committees shall be appointed by the President. Such committees shall be advisory only, and action by the Board of Directors shall be required in order to act on the advice or findings of such committees.

Section 4. Meetings.

Meetings of committees, of which no notice shall be necessary, shall be held at such time and place as shall be fixed by the President of the Society or the chairman of the committee or by vote of a majority of all of the members of the committee. Scheduling, notice of committee meetings, and waiver of notice shall be in accordance with the provisions of Sections 9, 10 and 11 of Article III.

Section 5. Quorum and Manner of Acting.

Unless otherwise provided by resolution of the Board of Directors, a majority of all of the members of a committee shall constitute a quorum for the transaction of business and the vote of a majority of all of the members of the committee shall be the act of the committee. The procedures and manner of acting of the Executive Committee and of the committees of the Board shall be subject at all times to the directions of the Board of Directors.

Section 6. Tenure of Members of Committees of the Board.

Each committee of the Board and every member thereof shall serve at the pleasure of the Board.

Section 7. Alternate Members.

The Board of Directors may designate one or more directors as alternate members of the Executive Committee or of any standing committee of the Board, who may replace any absent member or members at any meeting of such committee.

ARTICLE V
OFFICERS

Section 1. Number.

The Officers of the Society shall be a President, Vice President, Treasurer, Secretary and such other officers as the Board of Directors may in its discretion determine. Any two or more offices may be held by the same person, except the offices of President and Secretary.

Section 2. Term of Office and Qualifications.

Open Officer seats will be filled using the following succession plan: Secretary to Treasurer; Treasurer to Vice President; Vice President to President. The Secretary position will be elected each year by the Board of Directors at its Annual Meeting. All Officers must have previously served on the Board of Directors. Unless a shorter term is provided in the resolution of the Board electing such officer, the term of office of each Officer shall be one year and shall begin with the first Annual Meeting of the Board of Directors immediately following his/her election or appointment and qualification. Each such term shall continue until the Officer's successor is elected or appointed and qualified at the following Annual Meeting of the Board of Directors.

Section 3. Additional Officers.

Additional officers may be elected for such period, have such authority and perform such duties, either in an administrative or subordinate capacity, as the Board of Directors may from time to time determine.

Section 4. Removal of Officers.

Any Officer may be removed from the Board as such by the affirmative vote of two-thirds (2/3) of the entire Board, upon written notice setting forth the reasons and grounds thereof, with the Officer subject to the removal motion provided the opportunity to respond in write no later than ten (10) days prior to the date of such meeting.

Section 5. Resignation.

Any Officer may resign at any time by giving written notice to the Board of Directors, or to the President or to the Secretary. Any such resignation shall take effect at the time specified therein, or, if no time be specified, then upon delivery.

Section 6. Vacancies.

A vacancy in any office shall be filled by the Board of Directors.

Section 7. President.

The President shall preside at all meetings of the members and of the Board of Directors. The President shall act as the chief executive officer of the Society and shall supervise generally the management of the affairs of the Society, as well as the functions of the other Officers and any committees. He or she shall keep the Board fully informed. He or she shall freely consult with all Directors and employees concerning the activities of the Board of Directors and Society. He or she shall perform all duties incident to the office of President. The President shall also perform such other duties as may be assigned from time to time by the Board.

Section 8. Vice President.

In the absence or incapacity to act of the President or if the office of President is vacant, the Vice President shall preside at all meetings of the members, and shall perform the duties and exercise the powers of the President, subject to the right of the Board from time to time to extend or confine such powers and duties or to assign them to others. The Vice President shall have such powers and shall perform such other duties as may be assigned by the Board of Directors or the President.

Section 9. Treasurer.

The Treasurer shall, if required by the Board of Directors, obtain a bond for the faithful discharge of his duties, in such sum and with such sureties as the Board of Directors shall require. The Treasurer shall keep and maintain the books of account and shall have charge and custody of, and be responsible for, all funds and securities of the Society, and deposit all such funds in the name of and to the credit of the Society in such banks, trust companies, or other depositories as shall be

selected by the Board of Directors. The Treasurer shall also perform all other duties customarily incident to the office of Treasurer and such other duties as from time to time may be assigned by the Board of Directors.

Section 10. Secretary.

It shall be the duty of the Secretary to act as secretary of all meetings of the Board of Directors, and to keep records of the minutes of all such meetings ; the Secretary shall see that all notices required to be given by the Society are duly given and served; the Secretary shall keep a current list of the Society's directors and officers and their residence addresses; the Secretary shall be custodian of the seal of the Society and shall affix the seal, or cause it to be affixed, to all agreements, documents and other papers requiring the same.

Section 11. Executive Director.

The Board of Directors shall appoint and the Society shall employ an Executive Director of the Society for a period of time and upon such terms and conditions as the Board of Directors may determine. The Executive Director shall have all of the usual power and authority typically held by a person holding such a position, subject, in all events, to the overall direction and control of the Board of Directors. He/she may make and sign in the name of the Society contracts or agreements in the ordinary course of its business. He/she shall have the authority to employ, supervise, and discharge personnel as from time-to-time may be deemed necessary. He/she shall do and perform other duties as may be assigned from time-to-time by the Board of Directors.

Section 12. Appointed Officers.

The Board of Directors may appoint any subordinate officer as necessary.

Section 13. Assignment and Transfer of Stocks, Bonds and Securities.

The President, the Vice President, the Treasurer, the Secretary, and each of them, shall have power to assign, or to endorse for transfer, under the corporate seal, and to deliver, any stock, bonds, subscription rights, or other securities, or any beneficial interest therein, held or owned by the Society.

ARTICLE VI
CONTRACTS, CHECKS, DRAFTS AND BANK ACCOUNTS

Section 1. Execution of Contracts.

The Board of Directors, except as in these by-laws otherwise provided, may authorize any officer or officers, agent or agents, in the name of and on behalf of the Society to enter into any contract or execute and deliver any instrument, and such authority may be general or confined to specific instances; but, unless so authorized by the Board of Directors, or expressly authorized by these by-laws, no officers, agent or employee shall have any power or authority to bind the Society by any contract or engagement or to pledge its credit or to render it liable in any amount for any purpose.

Section 2. Loans.

No loans shall be contracted on behalf of the Society unless specifically authorized by the Board of Directors.

Section 3. Checks, Drafts, etc.

All checks, drafts and other orders for the payment of money out of the funds of the Society, and all notes or other evidences of indebtedness of the Society, shall be signed on behalf of the Society in such manner as shall from time to time be determined by resolution of the Board of Directors.

Section 4. Deposits.

All funds of the Society not otherwise employed shall be deposited from time to time to the credit of the Society in such banks, trust companies or other depositories as the Board of Directors may select.

ARTICLE VII
INDEMNIFICATION AND INSURANCE

To the full extent authorized by law, the Society shall indemnify any person, made or threatened to be made, a party in any action or proceeding, whether civil or criminal, by reason of the fact that the person, his or her testator or intestate is or was a director or officer of the Society or served in any capacity at the request of the Society any other corporation, partnership, joint venture, trust, employee benefit plan or other enterprise. The foregoing shall not obligate the Society to purchase directors' and officers' liability insurance, but should applicable law permit, the Society may purchase such insurance if authorized and approved by the Board of Directors.

ARTICLE VIII
CONFLICTS OF INTEREST

Section 1. Definition of Conflicts of Interest.

A conflict of interest may exist whenever a covered individual is in a position to directly or indirectly benefit him or herself, a family member(s), other individuals, or another organization with which the individual is affiliated through the use of their role in the Society.

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. What was received: includes salary, royalty, intellectual property rights, consulting fees, honoraria, ownership interests (e.g. stock, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

Section 2. Disclosure of Conflicts of Interest.

A Director or officer shall disclose a conflict of interest: (a) prior to voting on or otherwise discharging his duties with respect to any matter involving the conflict which comes before the Board or any committee; (b) prior to entering into any contract or transaction involving the conflict; (c) as soon as possible after the Director or officer learns of the conflict; and (d) on the annual conflict of interest disclosure form. The Secretary of the Society shall distribute annually to all Directors and officers, a form soliciting the disclosure of all conflicts of interest, including specific information concerning the terms of any contract or transaction with the Society and whether the process for approval set forth in Section 3 of this Article VIII was used.

Section 3. Approval of Contracts and Transactions Involving Potential Conflicts of Interest.

A director or officer who has or learns about a potential conflict of interest should disclose promptly to the Secretary of the Society the material facts surrounding any actual or potential conflict of interest, including specific

information concerning the terms of any contract or transaction with the Society. All effort should be made to disclose any such contract or transaction and have it approved by the Board before the arrangement is entered into.

Following receipt of information concerning a contract or transaction involving a potential conflict of interest, the Board shall consider the material facts concerning the proposed contract or transaction including the process by which the decision was made to recommend entering into the arrangement on the terms proposed. The Board shall approve only those contracts or transactions in which the terms are fair and reasonable to the Society and the arrangements are consistent with the best interests of the Society. Fairness includes, but is not limited to, the concepts that the Society should pay no more than fair market value for any goods or services which the Society receives and that the Society should receive fair market value consideration for any goods or services that it furnishes others. The Board shall set forth the basis for its decision with respect to approval of contracts or transactions involving conflicts of interest in the minutes of the meeting at which the decision is made, including the basis for determining that the consideration to be paid is fair to the Society.

Section 4. Validity of Actions.

No contract or other transaction between the Society and one or more of its directors or officers, or between the Society and any other corporation, firm, association or other entity in which one or more of its corporation or officers are directors or officers, or have a substantial financial interest, shall be either void or voidable for this reason alone or by reason alone that such director or directors or officer or officers are present at the meeting of the Board of Directors, or of a committee thereof, which authorizes such contract or transaction, or that his or their votes are counted for such purpose, if the material facts as to such director's or officer's interest in such contract or transaction and as to any such common directorship, officership or financial interest are disclosed in good faith or known to the Board or committee, and the Board or committee authorizes such contract or transaction by a vote sufficient for such purpose without counting the vote or votes of such interested director or officers. Common or interested directors may be counted in determining the presence of a quorum at a meeting of the Board of Directors or a committee, which authorizes such contract or transaction. At the time of the discussion and decision concerning the authorization of such contract or transaction, the interested director or officer should not be present at the meeting.

Section 5. Employee Conflicts of Interest.

An employee of the Society with a potential conflict of interest in a particular matter shall promptly and fully disclose the potential conflict to his supervisor. The employee shall thereafter refrain from participating in deliberations and discussion, as well as any decisions, relating to the matter and follow the direction of the supervisor as to how the Society decisions which are the subject of the conflict will be determined. The President shall be responsible for determining the proper way for the Society to handle decisions which involve unresolved employee conflicts of interest. In making such determinations. the President may consult with legal counsel.

The President shall report to the Board at least annually concerning employee conflicts of interest which have been disclosed and contracts and transactions involving employee conflicts which the President has approved.

ARTICLE IX
COMPENSATION

Section 1. Reasonable Compensation.

It is the policy of the Society to pay no more than reasonable compensation for personal services rendered to the Society by officers and employees. The directors of the Society shall not receive compensation for fulfilling their duties as directors, although directors may be reimbursed for actual out-of-pocket expenses, which they incur in order to fulfill their duties as directors. Expenses of spouses will not be reimbursed by the Society.

Section 2. Approval of Compensation.

The Board of Directors must approve in advance the amount of all compensation for Officers of the Society. Before approving the compensation of an Officer, the Board shall determine that the total compensation to be provided by the Society to the officer is reasonable in amount in light of the position, responsibility and qualification of the officer for the position held, including the result of an evaluation of the officer's prior performance for the Society, if applicable. In making the determination, the Board shall consider total compensation to include the salary and the value of all benefits provided by the Society to the individual in payment for services. At the time of the discussion and decision concerning an officer's compensation, the officer should not be present in the meeting. The Board shall obtain and consider appropriate data concerning comparable compensation paid to similar officers in like circumstances.

The Board shall set forth the basis for its decisions with respect to compensation in the minutes of the meeting at which the decisions are made, including the conclusions of the evaluation and the basis for determining that the individual's compensation was reasonable in light of the evaluation and the comparability data.

ARTICLE X
GENERAL

Section 1. Office.

The office of the Society shall be at such place within or without the State of New York as the Society shall determine by resolution from time to time.

Section 2. Books and Records.

There shall be kept at the office of the Society (1) correct and complete set of records of account, (2) minutes of the proceedings of the members, the Board of Directors and the Executive Committee, (3) a current list of the directors and officers of the Society and their residence addresses, (4) a copy of these by-laws, (5) a copy of the Society's application for recognition of exemption with the Internal Revenue Service, and (6) copies of the past three years information returns to the Internal Revenue Service.

Section 3. Seal.

The corporate seal shall be in the form of a circle and shall have inscribed thereon the following: The Neurocritical Care Society, Inc. A New York Not-for Profit Corporation.

Section 4. Loans to Directors and Officers.

No loans other than through the purchase of bonds, debentures, or similar obligations of the type customarily sold in public offerings, or through ordinary deposit of funds in a bank, shall be made by the Society to its directors or officers, or to any other corporation, firm, association or other entity in which one or more of its directors or officers are directors or officers or hold a substantial financial interest except as allowed by law.

Section 6. Fiscal Year.

The fiscal year of the Society shall commence **January 1** in each calendar year and end on **December 31** of that year.

Section 7. Related Party Transactions.

The Board of Directors shall adopt a Related Party Transactions Policy, for the purpose of protecting the Society's interest when it is contemplating entering into a transaction or arrangement with a related party. A copy of the Related Party Transaction Policy shall be appended to these Bylaws.

ARTICLE XI
AMENDMENTS

Amendments to the Bylaws may be proposed on resolution by majority of the Board of Directors. Such amendments shall be presented to the voting membership for consideration. The Bylaws may be amended by a simple majority of votes cast at any meeting of the members.