

SGNA Distinguished Service Award

Eligibility Criteria

- Must be a current member of SGNA, with membership for at least five years and actively participates in regional and national activities.
- Is currently or has previously been employed in gastroenterology/endoscopy, full or part-time, in supervisory, teaching, clinical or administrative capacities.
- Is currently serving or has served on an SGNA national committee.

Performance Criteria

The candidate has made important contributions in any or all of the following areas:

- Demonstrates continued service and leadership to the Society at both the national and regional levels.
- Contributes to the growth of the organization.
- Contributes to the educational programs and publications of the society.
- Actively promotes the Society and the specialty through significant contributions in the areas of public service, legislation and other community involvement.
- Supports certification in the specialty.
- During service on SGNA national committee – completed tasks, met deadlines and actively participated on committee.

Guidelines for Completion

Applications for the Distinguished Service Award are to be completed by the nominee. If you are nominating an individual for this award, you will need to either: 1) forward the application listed on to the nominee; or 2) request a copy of the application be mailed to the nominee by indicating this request on the nomination form submitted to SGNA Headquarters. Applications are due no later than **December 31st**.

Guidelines for Letter of Referral

For the Distinguished Service Award, SGNA asks that the nominator submit a letter of referral for the nominee. Please write a statement that tells us why you feel this candidate deserves this award. As you are writing this narrative, please keep in mind the above performance criteria. Add any additional items not covered that would support your nomination (this statement will be used as a scoring tool when choosing the recipient of this award). All letters of referral are due no later than **December 31st**.

Award Benefits

- A plaque inscribed with recipient's name and date.
- Waived tuition, airfare and three-day hotel reimbursement for the Annual Course (time of presentation).
- Recognition in *SGNA News*.
- A medallion inscribed with recipient's name and date.

Award benefits are subject to change without notice.

CALL FOR AWARDS NOMINATIONS

Please use this form to nominate candidates for the following prestigious SGNA Awards. Indicate which award you are making a nomination for and complete the questionnaire below. Please refer to the official SGNA Awards Brochure for information on criteria and instructions on how to complete application for consideration. If you have any questions, contact SGNA Headquarters at (800) 245-SGNA.

Distinguished Service Award: This award recognizes a Voting Licensed Nurse, Associate or Life member of SGNA who has demonstrated outstanding contributions to the Society.

Submit nomination by November 30th.

following

Please send an application to the nominee listed on the Page.

_____ awards

I will forward the application contained within the brochure to the nominee listed on the following page.

SGNA Distinguished Service Award Application

Directions:

1. Nominees are invited to complete this application and return it to SGNA Headquarters no later than December 31st.
2. All sections must be completed
3. Since information from CV's or resumes will not be used in evaluating candidates, please transfer all pertinent information to the appropriate section of the application. CV's and resumes should not be submitted.

Name: _____ Credentials: _____

Home address: _____

Work address:

Current place of employment: _____

I. Experience

(A) Number of years experience as a gastroenterology nurse or associate: _____

(B) Number of years experience in health care field: _____

(C) Number of years management experience, GI/endoscopy practice: _____

II. Certification/Continuing Education

(A) Certification

(A1) Are you currently ABCGN certified? _____

(A2) Have you earned the GTS Certificate? _____

(A3) Are you certified in another nationally recognized nursing or health care field? _____

If so please list, _____

(A4) Member of ABCGN committee? _____

Date: _____ Committee _____

(A5) Participation in Item Writers Workshop: _____

If yes, list dates:

(B) Continuing Education

(B1) Attendance at National/Regional SGNA educational courses

Date: _____ Course Title _____

(B2) Attendance at other accredited health care educational courses

Date: _____ Course Title _____

III. Regional Involvement

(A) SGNA Regional Office(s) currently held or have held in the past

(A1) Date(s): _____ Regional Office: _____

Date(s): _____ Regional Office: _____

Date(s): _____ Regional Office: _____

Date(s): _____ Regional Office: _____

(A2) Date(s): _____ Committee Member/Chair: _____

Date(s): _____ Committee Member/Chair: _____

Date(s): _____ Committee Member/Chair: _____

IV. National Involvement

(A) SGNA National Office(s) currently held or have held in the past

(A1) Date(s): _____ National Office: _____

Date(s): _____ National Office: _____

Date(s): _____ National Office: _____

Date(s): _____ National Office: _____

(A2) Date(s): _____ Committee Member/Chair: _____

Date(s): _____ Committee Member/Chair: _____

Date(s): _____ Committee Member/Chair: _____

Date(s): _____ Committee Member/Chair: _____

(A3) Committee Performance (may require input from Committee Chair/Board Liaison)

Completed Tasks On Time: YES / NO Comments: _____

Actively Participated as Committee Member: YES / NO Comments: _____

(B) Offices in other health care organizations currently held or have held in the past

Date(s): _____ Office: _____

(C) Membership/activities in other health care organizations(i.e. Crohn's and Colitis Foundation)

Organization(s): _____

V. Professional Accomplishments (*Additional sheets may be attached*)

(A) Feature publication(s) in a professional journal, article(s) in newsletter or newspaper, or chapter(s) in a book

Publication: _____

Date: _____ Volume: _____ # of pages: _____

Title: _____

Publication: _____

Date: _____ Volume: _____ # of pages: _____

Title: _____

Publication: _____

Date: _____ Volume: _____ # of pages: _____

Title: _____

(B) Educator role

(B1) Lecture(s) at SGNA National course(s)

Date: _____ Course Title _____

Date: _____ Course Title _____

Date: _____ Course Title _____

(B2) Lecture(s) at SGNA Regional course(s)

Date: _____ Course Title _____

Date: _____ Course Title _____

Date: _____ Course Title _____

Date: _____ Course Title _____

(B3) Other lecture(s)

Date: _____ Topic: _____ Audience: _____

Date: _____ Topic: _____ Audience: _____

(C) Award(s) received

Award: _____ Date Received: _____

Sponsoring organization: _____

Award: _____ Date Received: _____

Sponsoring organization: _____

Award: _____ Date Received: _____

Sponsoring organization: _____

VI. Personal

(A) Community Service

(A1) Public education activity (i.e. health fair, speaker at various organizations or seminars)

Date: _____ Topic: _____

Group: _____ # of hours: _____

Date: _____ Topic: _____

Group: _____ # of hours: _____

(A2) Membership in volunteer organization(s) (i.e. Hospice, American Red Cross)

Organization: _____

(B) Legislative activity (i.e. committee activity, active/visible support of legislative effort)

(B1) At the National level

Activity: _____

(B2) At the Regional level

Activity: _____

(B3) At the local level

Activity: _____