

Outstanding Regional Society Award

This award recognizes the Regional Society most active and dynamic in achieving the goals of SGNA at the regional level. Recognizing the importance of contributions made by Regional Societies, SGNA established this award to acknowledge these efforts and encourage Regional Societies to take pride in their accomplishments. Through this recognition of Regional Societies, SGNA encourages educational growth, increased involvement at the national level and community and legislative involvement.

Performance Criteria

- Percentage of certified members and votes cast in the previous year's national SGNA election.
- Community and legislative involvement.
- Involvement in the House of Delegates and national committees.
- Presented an educational display at the last Annual Course.
- The Regional Society promoted GI Nurses and Associates Day.
- Has a Regional Society newsletter.
- The number of continuing education hours per year.
- The Regional Society must be chartered and in good standing for a minimum of two years.

Guidelines for Completion

Complete the application in this brochure along with the following information:

- A copy of the annual summary report of Regional Society education hours for the previous year.
- A recent copy of the Regional Society newsletter if one exists.
- An essay in 250 words or less why your Regional Society would be considered "outstanding" by SGNA.

Any regional society winning the award may not reapply for a minimum of five years.

Award Benefits

Includes the following:

- Recognition during the Annual Course.
- A banner.
- A \$1,000 stipend.
- Ribbons at the Annual Course for all regional members in attendance.
- An announcement in *SGNA News*.

Award benefits are subject to change without notice.

Outstanding Regional Society Application

Name of Regional Society: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: () _____

Data supplied is current as of: _____

Check the here if you would your application to be returned: _____

List all activities and comments required in each section below. If necessary, answers may be continued on another sheet of paper. Attach all documentation and copies relevant to each activity described.

(A) COMMUNITY/LEGISLATIVE INVOLVEMENT

Regional society's community involvement activities (i.e. health fair, regional display at other meeting, charity drive, sponsored a health related lecture) for this past year:

(Activities must be as a whole regional society, not by individual members - provide documentation)

(A1)	DATE	ACTIVITY

(A2) Regional society's legislative involvement activities for the previous year:

(A2a) Number of letters written on behalf of entire regional society (attach copies): ____

(A2b) Participation in state lobbying or coalition work
 ____ yes ____ no

(A2c) Participation in national lobbying of coalition work
 ____ yes ____ no

On what issues: _____

(B) NATIONAL SGNA PARTICIPATION

Names of your regional society members who currently serve on SGNA national committees or as national officers, board of directors' members, committee chairs, SIG chairs and their positions:

(B1)	NAME	COMMITTEE/OFFICE

(B2) RESOLUTIONS YOUR REGIONAL SOCIETY DRAFTED FOR LAST MAY'S HOUSE OF DELEGATES:

(B2a) Was your delegate seated at last May's House of Delegates?
_____ yes _____ no

Name: _____

(B2b) Did your alternate attend last May's House of Delegates?
_____ yes _____ no

Name: _____

(B2c) Did your delegate and/or alternate attend last May's House of Delegates Workshop?
_____ yes _____ no

Name(s): _____

(B3) Did your regional society provide an educational or research poster display at last May's SGNA Annual Course?
_____ yes _____ no

Title: _____

(B3a) Did it win _____ 3rd _____ 2nd _____ 1st place?

(B4) Other SGNA involvement on the part of your regional society for this past year.

(B4a) Moderators/monitors at last May's Annual Course	Member Name	Function

(B4b) SGNA journal or other journal articles authored	Member Name	Date	Title

(B4c) Faculty at SGNA's Annual Course	Member Name	Date	Course Title

(B5) ABCGN involvement on the part of your regional society for this past year

(B5a) Item Writers Workshop	Member Name	Date

(B5b) Members serving on ABCGN committees	Member Name	Date	Committee

(B6) Does your regional society contribute to the SGNA Foundation?

_____ yes _____ no

(C) REGIONAL ACTIVITY

(C1) Regional society promotion of "GI Nurses and Associates Day" during the previous year:
(Attach a copy of any proclamation or documentation of the activity)

(C1a) Did you establish a city or state proclamation?

_____ yes _____ no

(C1b) Other regional activity:

(C2) Does your society have a regional newsletter?
_____ yes _____ no

(C2a) Number of times a year published: _____
Attach a copy of the latest issue

(C3) Continuing educational programs your regional society offered this past year

Total number of hours provided: _____

Attach a copy of the Annual Summary Report of Regional Society Educational

Hours

(C4) Does your regional society offer scholarships to your members?
_____ yes _____ no

(D) NARRATIVE

(D1) Submit a 250 word, typed, double-spaced, narrative as to why your regional society should be considered "outstanding" by SGNA. Information may include, but is not limited to:

- Incorporation
- Percentage of growth in last year
- Structure revisions or bylaw changes
- Development of regional society policy & procedure book
- Special awards
- Participation in/with other professional organizations
- Special education courses
- Membership in any state organization

Applications should be submitted to SGNA Headquarters no later than January 15.

- For office use -

(E) MEMBERSHIP STATISTICS

Total number of members: _____

Number of certified members: _____

(E1) % have certified members: _____

(E2) % of votes cast in most recent national SGNA election: _____