



Society of Gastroenterology Nurses and Associates, Inc.



**RECOGNITION OF
PROFESSIONAL
EXCELLENCE**

AWARDS & SCHOLARSHIPS INFORMATION

INTRODUCTION

The Society of Gastroenterology Nurses & Associates, Inc. (SGNA) is dedicated to the professional development of gastroenterology and endoscopy nurses and associates around the world. Through awards described in this brochure, this organization seeks to recognize those nurses and associates *dedicated to the safe and effective practice of gastroenterology and endoscopy nursing; and support the education, research and philanthropic goals of the Society for the promotion of public health and wellness.*

APPLICATION/NOMINATION PROCESS

Contained within this brochure are detailed instructions on how to nominate and apply for the awards and educational course scholarships offered by SGNA. Because the process is different for each award, please review each section completely prior to submitting any forms.

Anyone nominating an individual for either the Gabriele Schindler Clinical Excellence Award or the Distinguished Service Award should complete the *Call For Awards Nominations* form included within this brochure. Submitting this form allows SGNA Headquarters to maintain and monitor all information received for each nominee. Please note that the deadline for the nomination forms is **November 30th**. Applications and letters of referral (depending upon which award you are nominating for or have been nominated for) are due no later than **December 31st**.

The Outstanding Regional Society Award applications must be received by **January 15th**. The Outstanding Regional Society will be announced during SGNA's Annual Course in May.

Annual Course Scholarship applications must be received by **March 1st**. The SGNA Awards Committee will notify all award winners, with the exception of the Outstanding Regional Society, in April.

If you have any questions regarding the application process or the criteria listed for each award, please contact SGNA Headquarters at (800) 245-SGNA.

Please be sure to include all necessary requirements for the application. Any incomplete applications will not be scored by the SGNA Awards Committee.

SGNA Awards Brochure Table of Contents

- | | |
|---|-----------|
| 1. Gabriele Schindler Clinical Excellence Award | pg. 4-8 |
| 2. Distinguished Service Award | pg. 9-15 |
| 3. SGNA Annual Course Scholarship | pg. 16-19 |
| 4. SGNA Novice Nurse/ Associate Scholarship | pg.20-22 |
| 5. SGNA Membership Dues Scholarship | pg. 23-25 |
| 6. Outstanding Regional Society Award | pg. 26-30 |
| 7. Regional Society Member of the Year Award | pg. 31-32 |
| 8. SGNA RN General Education Scholarship | pg. 33-35 |
| 9. SGNA RN Advancing Education Scholarship | pg. 36-39 |

SGNA Gabriele Schindler Award

Eligibility Criteria

- Must be a current member of SGNA (Voting Licensed Nurse/Voting Associate), with a membership of at least five years.
- Must be currently employed as a care provider in clinical gastroenterology with a minimum of five years experience.

Performance Criteria

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

- Consistently demonstrates commitment to high standards and competence in direct patient care, utilizes the SGNA standards for practice, and demonstrates care and compassion toward the individual needs of the patient.
- Demonstrates clinical competency and leadership by serving as preceptor, mentor or role model for peers.
- Is recognized by others as an expert in the gastroenterology nursing practice.
- Has developed standards of care/protocol, policy/procedure manuals, QI program, patient education materials, etc.
- Participates in educational programs for other healthcare professionals or the public at large.
- Actively participates in nursing programs, research, committees or projects and maintains current knowledge of changes and advancement in the gastroenterology nursing practice.
- Supports certification in the specialty.

Guidelines for the Letter of Referral

For the Gabriele Schindler Award, SGNA asks that the nominator submit the application with a letter of referral for the nominee. The nominee will not be contacted for any supplemental information and will not be notified of his/her nomination by SGNA. Therefore, if you have nominated someone for the Gabriele Schindler Award, please use the outlined Letter of Referral form available at www.sgna.org.

Guidelines for Candidate Letter

The five categories outlined below should serve as a guideline for writing your letter of referral.

I. Experience

- Include the number of years in the healthcare field and describe the current role as a gastroenterology nurse/associate.
- Include this candidate's number of years as an SGNA member.
- GI certification

II. Clinical Competencies

- Describe leadership role as preceptor, role model, or mentor.
- Describe experience in GI nursing practice (i.e., recognition by others).
- Describe this candidate's commitment to consistent high standards, professionalism, and competency in direct patient care utilizing SGNA's Standard of Practice.

III. Accomplishments

- Describe participation in education programs (research, committee projects).
- Patient care, advocacy, continuing education, practice-related publications, project development activities.
- Steps taken to maintain current knowledge of changes and advancement in GI nursing practice.

IV. Personal Accomplishments

- Community service, education and volunteer work.

V. References

- Please include two names of references that can verify/substantiate the information in your letter.

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*.
- 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 Award. 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.

- Gabriele Schindler Award:** This award recognizes the individual who demonstrates excellence in gastroenterology clinical practice and who exemplifies the skill, knowledge and compassion of Gabriele Schindler, an early pioneer of GI patient care. SGNA presents this prestigious award annually to the member who best represents Schindler's spirit of compassion, commitment, professionalism and caring.
Submit nomination by November 30th.

I will remit a letter of referral for the nominee.

Another party will provide a letter of referral for the nominee.

Name of party: _____

*** Please refer to detailed instructions on how to write a letter of referral for the Gabriele Schindler Award listed in the Awards Brochure.*

SGNA Gabriele Schindler Award for Clinical Excellence
Application Form

Nominator:

Name/Credentials: _____

Phone: _____

E-Mail Address: _____

Address _____

City: _____ State: _____ Zip: _____

Nominee:

Name/Credentials: _____

Phone: _____

Institution: _____

Address (if known): _____

City: _____ State: _____ Zip: _____

Professional Experience:

- | | | |
|----|---|-------------------|
| 1. | Number of years in the health care field | _____ |
| 2. | Number of years experience in GI Nursing or Associate | _____ |
| 3. | Is the nominee certified in GI? | Yes No |
| 4. | Has the nominee earned the GTS certificate? | Yes No |

Clinical Competencies:

1. Describe in detail the nominee's leadership role as preceptor, role model or mentor

2. Describe in detail the nominee's experience in GI nursing practice. Please include any recognition by others.

3. Describe in detail the nominee's commitment to consistent high standards, professionalism, and competency in direct patient care utilizing SGNA's Standard of Practice.

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.

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.

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.

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

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

SGNA Distinguished Service Award Nomination

NOMINATOR

Name/Credentials: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

NOMINEE

Name/Credentials: _____

Phone: _____

Institution: _____

Address (if known): _____

City: _____ State: _____ Zip: _____

This candidate deserves this award because...

Attach additional pages if necessary.

Return this form to SGNA Headquarters, Attn: Awards Committee, 401 N. Michigan Ave., Chicago, IL, 60611 or FAX to (312) 673-6694.

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: _____

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

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

(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: _____

SGNA Annual Course Scholarship

What is the Annual Course Scholarship?

SGNA Annual Course Scholarships have been established to financially assist SGNA members with attendance at the SGNA Annual Course. Grants of \$500 will be awarded each spring to those members who meet the established criteria. The number of grants awarded will depend upon funds available.

Applicants are asked to respond to questions that reflect their commitment and participation in SGNA. Applicants who apply should be planning to attend the Annual Course that year. All information submitted should apply January to December of the past year.

Eligibility:

You may be eligible for a SGNA Annual Course Scholarship if:

1. You have been a member of SGNA for two or more years (as of January 1st, of this Course year).
2. You must currently be employed as a caregiver in gastroenterology.
3. You must actively support the goals and philosophy of SGNA.

You are ineligible if:

1. You have previously received a scholarship from SGNA or the SGNA Foundation
2. You are a member of the SGNA Board of Directors

Guidelines for Completion

Any individual interested in applying for this educational scholarship must complete the application and return by **March 1st**.

4. In the past year have you:

4a. Participated in the program of your regional educational course? yes no

If yes, explain your role_____

4b. Participated in the program at the Annual Course? yes no

If yes, explain your role_____

4c. Participated in the Item Writers' workshop? yes no

If yes, explain your role_____

4d. Submitted and had accepted, or published an article in the *Gastroenterology Nursing Journal*

yes no

4e. Given an individual donation to the SGNA Foundation for Education & Research?

yes no

4f. Been a guest lecturer at another region's educational course?

yes no

If yes, list which regional_____

5. Explain briefly any other contributions to SGNA and your regional society during the past year.

6. Briefly explain your goals for attending this Annual Course.

Applications must be received by March 1st .

Complete this form and return to: SGNA, 401 N. Michigan Avenue, Chicago , IL 60611

I understand that, if I receive an SGNA Annual Course Scholarship I am required to apply funds received toward expenses related to attending this annual course. I agree to complete a questionnaire of this scholarship program and return it within 30 days following the completion of the course (Questionnaire to be mailed after check has been issued). I agree to return to the SGNA any unused portion of the scholarship.

Signature_____

SGNA Novice RN/LPN/Associate Scholarship Application

What is the SGNA Novice RN/LPN/Associate Scholarship?

The SGNA Novice RN/LPN/Associate scholarship has been established to financially assist newer SGNA members (less than two years of membership) with attendance at their first SGNA Annual Course. The scholarship is geared towards people who are new to the GI/Endoscopy field to give them a chance to experience the Annual Course and all it has to offer. Grants of \$500 will be awarded each spring to those members who meet the established criteria. The number of grants awarded will depend upon funds available.

Applicants are asked to respond to questions that reflect their interest and reasons for wanting to attend the Annual Course. Applicants who apply should be available to attend the Annual Course that year. **All information submitted should apply January to December of the past year.**

Eligibility:

You may be eligible for the SGNA Novice RN/LPN/Associate Scholarship if:

1. You have been a member of SGNA less than two years (must have joined SGNA after January 1 two years prior to application date, i.e., between 1/1/2003 and 12/31/2004 to be eligible for the award for the 2005 Annual Course).
2. You must currently be employed as a caregiver in gastroenterology and be relatively new to the field, with a preference given to those with less than two years experience.
3. You must actively support the goals and philosophy of SGNA.

You are ineligible if:

1. You have previously received a scholarship from SGNA.
2. You have attended an SGNA Annual Course in the past.
3. You are a member of the SGNA Board of Directors.

Guidelines for Completion

Any individual interested in applying for this educational scholarship must complete the application and return by **March 1st**.

SGNA Novice RN/LPN/Associate Scholarship Application

All information is due to SGNA Headquarters no later than January 15. Applicants will be informed of the Committee's decision in March.

**Please submit to:
SGNA Awards Committee
401 N. Michigan Avenue, Suite 2200
Chicago, IL 60611-4267**

Type or clearly print the information requested below

Name and Credentials: _____

Home address: _____

City: _____ State: _____ ZIP: _____

Employer: _____

Employer's Address: _____

Provide the name and phone number of your immediate supervisor:

May we contact him/her for information if needed? Yes() No()

1. Membership:

1a. How long have you been a member of SGNA? _____

1b. Name and number of your Regional Society _____

2. When did you begin working in a GI/Endoscopy facility? _____

3. List any SGNA-related (regional/local) activities you attended in the past two years:

4. Have you served as an officer or on a committee for your regional or local SGNA? Please list.

5. Essay: In 300 words or less (typed and double-spaced), explain why you want to go to the Annual Course and how you will share your experience with others.

6. References: Please submit two references from a supervisor, certified nurse, or physician with whom you work on a regular basis.

I understand that, if I receive an SGNA Novice Nurse/Associate Scholarship I am required to apply funds received toward expenses related to attending this annual course. I agree to complete a questionnaire of this scholarship program and return it within 30 days following the completion of the course (Questionnaire to be mailed after check has been issued). I agree to return to the SGNA any unused portion of the scholarship.

Signature_____

SGNA Membership Dues Scholarship Application

SGNA Membership Dues Scholarships have been established to financially assist SGNA members

What is the Membership Dues Scholarship?

SGNA Membership Dues Scholarships have been established to financially assist SGNA members with their annual membership dues. Grants of \$85-95 will be awarded each spring to those members who meet the established criteria. The number of grants awarded will depend upon funds available.

Applicants are asked to respond to questions that reflect their commitment and participation in SGNA. All information submitted should apply January to December of the past year.

Eligibility:

You are eligible for a SGNA Membership Dues Scholarship if:

1. You have previously been a member of SGNA for two or more years.
2. You must currently be employed as a caregiver in the field of gastroenterology.
3. You must actively support the goals and philosophy of SGNA.
4. You must demonstrate financial need.

You are ineligible if:

1. You have previously received a Membership Dues Scholarship from SGNA.
2. You are a member of the SGNA Board of Directors.

Guidelines for Completion:

Any individual interested in applying for this scholarship must complete the application and return it to SGNA Headquarters by **October 1st**. Applicants are asked to respond to questions that reflect their commitment and participation in SGNA. All information submitted should apply January to December of the past year.

SGNA Membership Dues Scholarship Application

Type or print the information requested below

Name and Credentials: _____

Home address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Employer's Address: _____

Provide the name and phone number of your immediate supervisor below:

May we contact him/her for information if needed? Yes () No ()

1. Membership:

1a. How long have you been a member of SGNA? _____

1b. Name and number of your Regional Society: _____

1c. Nurses: Are you currently certified by ABCGN?

Yes () No ()

Associates: Have you completed the SGNA Associates program?

Yes () No ()

2. Employment in Gastroenterology/Endoscopy:

How many years have you been employed in Gastroenterology/Endoscopy?

3. Briefly explain your professional goals in gastroenterology for this upcoming year.

4. Please explain your need for this scholarship.

Applications must be received by October 1st

Complete this form and return to: SGNA Awards Committee, 401 N. Michigan Avenue, Suite 2200, Chicago ,IL 60611-4267

I understand that, if I receive an SGNA Membership Scholarship I am required to submit an additional form with my renewal to illustrate my acceptance of this award.

Signature _____

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 three 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.

(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: _____

Regional Society Member of the Year

Deadlines

Please note that the deadline for the nomination form is **November 30th**. Application and letter of referral are due no later than **December 31st**. SGNA's Regional Society Committee will notify all award winners, by February 1st, so that award winner can plan to attend the May Annual Course.

Eligibility Criteria

- Must be a current member of SGNA (nurses and associates), with a membership of at least five years.
- Must be currently employed in the field of gastroenterology/endoscopy with a minimum of five years experience.

Performance Criteria

There are several areas of performance in which a member can excel in order to qualify for this award. These areas have been created so that a member does not have to necessarily serve on the regional board of directors to be nominated, but rather, has simply made a substantial positive impact in your region. Please check all areas that apply to the nominee.

The candidate has made important contributions in the success of their region by:

- ___ Facilitator/Mentor- the nominee has impacted and nurtured the involvement of other SGNA members.
- ___ Innovation- the nominee has created a new program or product that greatly influenced the success of our region.
- ___ Organization- the nominee has created/re-created a process/procedure that has greatly influenced the success of our region.
- ___ Passion- the nominee has true passion for both the profession and organization and continually demonstrates this in interactions with others.

Candidate Letter

SGNA asks that a letter of referral be submitted for the nominee. Please include the following in the letter of referral:

I. Experience

- Number of years and areas of involvement in the SGNA Regional Society
- Include the number of years in the healthcare field and describe the current role as a gastroenterology nurse/associate.
- GI certification

II. Performance Criteria

- Please elaborate on the performance criteria checked above, giving both an overview of the nominee's attributes as well as specific examples.

III. Accomplishments

- Describe any additional involvement in SGNA outside of Performance Criteria
- Patient care, advocacy, continuing education, practice-related publications, project development activities.

IV. Personal Accomplishments

- Community service, education and volunteer work.

V. References

- Please include two names of references that can verify/substantiate the information in your letter.

Award Benefits

- Full Annual Course registration waived
- Airfare and three-night hotel stay
- Award presented at Awards ceremony
- Article of recognition in *SGMA News* and Regional Presidents' Memo

Award benefits are subject to change without notice.

SGNA Regional Society Member of the Year Application

Directions:

4. Nominees are invited to complete this application and return it to SGNA Headquarters no later than December 31st.
5. All sections must be completed
6. 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. SGNA History

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

(D) Number of years as an SGNA Members: _____

(E) Number of years of involvement at the SGNA Regional Level: _____

II. Regional Involvement

(B) 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: _____

(C) Other involvement- please list any special projects or tasks you have preformed on the regional level

Date: _____ Details: _____

Date: _____ Details: _____

Date: _____ Details: _____

III. National Involvement

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

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

Date(s): _____ National Office: _____



SGNA RN General Education Scholarship

SGNA is offering this scholarship to assist a student to become a Registered Nurse. Funds of \$2500 per year will be presented to the recipient of this scholarship as a **reimbursement** after transcripts have been sent to SGNA Headquarters showing that the intended course work was completed with a GPA at least 3.0.

Criteria:

Individual must be a nursing student currently enrolled full time (as defined by the educational institution) in an accredited nursing program with a GPA of at least 3.0.

Send completed application by **July 31** to:

SGNA Awards Committee
401 North Michigan Avenue
Chicago, IL 60611

To be considered, application must include:

- *Completed application
- *Essay, no more than two typed pages, double-spaced
- *A limit of two letters of recommendation from faculty
- *Transcript of coursework completed to date

Statement:

I understand that if I am selected for the SGNA RN General Education Scholarship, I must submit current transcripts to prove a minimum GPA of 3.0 before \$2500 will be reimbursed to me for educational expenses. I affirm that the application is entirely my own work.

Signed name: _____ Date: _____

Printed name: _____

General Information:

Name: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

H phone: _____ W phone: _____ Email _____

Employment

Briefly detail your most current employment responsibilities:

Education

Previous education: _____

Present educational institution: _____

Current GPA (if applicable): _____

Indicate the school of nursing to which you intend to apply an SGNA scholarship:

Expected graduation date: _____

Related Experience and Advocacy

Please describe any previous experience you may have with nursing or the medical field, the promotion of patient safety issues in the community, peer/patient education, publicizing health issues, research involvement, etc:

Professional Qualities

List and briefly describe any leadership positions you currently hold: _____

Are you currently a member of any professional organization? Please check the appropriate organizations:

- American Nurses Association
- Sigma Theta Tau
- National Student Nurses' Association
- Society of Gastroenterology Nurses & Associates
- Other (Please specify) _____

Are you currently certified in any field? _____

Short Essay

In no more than two typed pages, please answer the following question:

Describe a challenging situation you see in the healthcare environment today. Discuss how you, as a Registered Nurse, would best address and meet this challenge.

SGNA RN Advancing Education Scholarship Application

SGNA is offering this scholarship to a Registered Nurse working in Gastroenterology, who wishes to continue their education by pursuing a BSN, MSN, or PhD. Funds of \$2500 for a full time student or \$1000 to a part time student (taking a minimum of three credit hours per semester) will be presented to the recipient(s) of this scholarship. This is a one-time, non-renewable scholarship. The winner(s) will be announced in the fall, and the money will be awarded as a reimbursement after transcripts have been sent to SGNA Headquarters showing that the intended course work was completed with a GPA at least 3.0

Criteria:

Applicant must be a member of the SGNA, and a registered nurse currently enrolled full time (as defined by the educational institution) or part time (taking a minimum of 3 credit hours per semester) in an accredited advanced degree program pursuing a BSN, MSN, or PhD with a GPA of at least 3.0.

Send completed application by July 31st to:

SGNA Awards Committee
401 North Michigan Avenue
Chicago, IL 60611

To be considered, application must include:

- *Completed application
- *Essay, no more than 500 words, double-spaced
- *A limit of two letters of recommendation from faculty
- *Transcript of coursework completed to date

Statement:

I understand that if I am selected for the SGNA RN Advancing Education Scholarship, I must submit current transcripts to prove a minimum GPA of 3.0 before funds will be reimbursed to me for educational expenses. I affirm that the application is entirely my own work.

Signed name: _____ Date: _____

Printed name: _____

General Information:

Name: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

H phone: _____ W phone: _____ Email _____

Employment

Briefly detail your years spent in GI practice and your most current employment responsibilities:

Education

Previous education: _____

School where RN degree was attained: _____

Present educational institution: _____

Current GPA (if applicable): _____

Indicate the degree you are pursuing advanced nursing education in to which you intend to apply an SGNA scholarship: _____ (BSN, MSN, PhD)

Expected graduation date: _____

Related Experience

How long have you been in the medical field?: _____

How long have you been a Registered Nurse?: _____

Why did you originally enter nursing?: _____

How long have you been a GI Registered Nurse?: _____

What interested you in a career in GI Nursing?: _____

Are you currently certified in any field in nursing? _____

Are you currently certified in gastroenterology nursing (ABCGN)? _____

Have you ever presented an educational program? Please list subject content: _____

Have you ever published any professional material in local newsletters, journals or professional magazines? Please list content: _____

Short Essay

In no more than 500 words (typed, double-spaced), please answer the following question:

Describe a challenging situation you see in the nursing field today.
Discuss how you, as a Registered Nurse with an advanced degree would best address and meet this challenge.