**Flame Award for Unit Excellence**

The Flame Award for Unit Excellence recognizes GI/Endoscopy Units who have shown a commitment to infection prevention, a supportive and educational work environment and positive patient outcomes. This award provides a roadmap for what is considered an exceptional work environment in a GI/Endoscopy nursing unit.

Eligibility Criteria:

* 30% of nurses/technicians have completed the Associates Program
* 20% of nurses/technicians have completed the Advanced Associates Program
* 30% of eligible nurses have current CGRN status

*(Staff numbers should include part time and full time employees)*

**Applications are due to SGNA Headquarters by February 15.**

Facility Name:

Address:

City: State: Zip:

Contact Person:

Phone Number: Email:

Practice Setting:

* Free Standing/ Ambulatory
* GI Clinic
* Inpatient (Hospital)
* Inpatient Only
* Inpatient/Outpatient
* Outpatient Only
* Physician Office
* Other

Number of technicians in your unit:

Number of nurses in your unit:

Number of nurses in your unit eligible for CGRN status:

*\*To sit for the CGRN exam nurses must have two years full time or 4,000 hours part-time experience working as an RN in GI/Endoscopy.*

*(Staff numbers should include part time and full time employees)*

1. Number of nurses/technicians that have completed

the SGNA Associates Program: *\*Please provide copies of certificates.*

1. Number of nurses/technicians that have completed

the SGNA Advanced Associates Program: \_ *\*Please provide copies of certificates*

1. Number of nurses/technicians with current Sterile

Processing Certification through the CPSBD: \**Please provide copies of certificates*

1. Number of nurses with advanced degrees (BSN, MSN, etc.):
2. Number of nurses with current CGRN status: *\*Please provide copies of certificates*
3. Has your facility provided educational activities such as presentations and/or workshops for GI/Endoscopy Nurses and Associates in the calendar year 2013?
	* No
	* Yes (Programs worth 5 points each with a maximum of 30 points earned in the section)

*\*If yes please provide the below information and attach any certificates and brochures available.*

|  |  |
| --- | --- |
| Activity Title | Contact Hours |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |

1. Has your facility enrolled in the SGNA Infection Prevention Champions Program?
	* No
	* If yes:
* Date joined:
* Champion’s name: