**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: **\_\_\_\_\_\_\_\_\_**

1. Number of years’ experience in health care field: **\_\_\_\_\_\_\_\_\_**

1. Number of years’ management experience, GI/endoscopy practice: **\_\_\_\_\_\_\_\_\_**

II. Certification/Continuing Education

1. Certification

(A1) Are you currently ABCGN certified?  Yes  No

(A2) Have you earned the GTS Certificate?  Yes  No

(A3) Are you certified in another nationally recognized nursing or health care field?  Yes  No

If so please list, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(A4) Member of ABCGN committee?  Yes  No

Date: **\_\_\_\_\_\_\_\_\_\_** Committee **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(A5) Participation in Item Writers Workshop:  Yes  No

If yes, list dates: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. 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

1. 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

1. 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: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Offices in other health care organizations currently held or have held in the past

Date(s): **\_\_\_\_\_\_\_\_\_\_\_\_\_** Office: **\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Organization(s): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

1. 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: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. 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: Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_** Course Title **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date: Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_** Course Title **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date: Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_** Course Title **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date: Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_** Course Title **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(B3) Other lecture(s)

Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_** Topic: **\_\_\_\_\_\_\_\_\_\_\_\_\_** Audience: **\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_** Topic: **\_\_\_\_\_\_\_\_\_\_\_\_\_** Audience: **\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Award(s) received

Award: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date Received: **\_\_\_\_\_\_\_\_\_\_\_\_\_**

Sponsoring organization: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Award: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date Received: **\_\_\_\_\_\_\_\_\_\_\_\_\_**

Sponsoring organization: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Award: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date Received: **\_\_\_\_\_\_\_\_\_\_\_\_\_**

Sponsoring organization: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

VI. Personal

1. 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: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. 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: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**