



Society of Gastroenterology Nurses and Associates, Inc.



**Regional Society Member of the Year Award
Application**

INTRODUCTION

The Society of Gastroenterology Nurses and Associates is a professional organization of nurses and associates dedicated to the safe and effective practice of gastroenterology and endoscopy nursing. SGNA carries out its mission by, advancing the science and practice of gastroenterology and endoscopy nursing through education, research, advocacy, and collaboration, and by promoting the professional development of its members in an atmosphere of mutual support.

The SGNA Regional Societies play an important role in carrying out SGNA's mission by educating, advocating and promoting the mission of SGNA on the local level. The SGNA Regional Societies are the link between National SGNA and the individual SGNA members and as such play a vital role in the success of the organization.

NOMINATION and APPLICATION PROCESS

Please note the application process and timeline below:

1. **Nominators** must complete the Nomination Form (located on page 3) and submit it to SGNA Headquarters by **November 30th**.
2. **Nominators** must also submit a Letter of Referral on behalf of the nominee by **December 31st**.
3. **Nominees** will be notified once their Nomination Form has been received by SGNA HQ and will then be asked to complete and submit the Application (located on page 4) which is due no later than **December 31st** to SGNA Headquarters.
4. SGNA's **Regional Society Committee** will notify all award winners by **March 1st**.
5. The award will be presented at the Annual Course.

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

AWARD BENEFITS

- Full Annual Course registration waived
- Award presented at Annual Course Awards ceremony
- Airfare and three-night hotel stay
- Article of recognition in *SGNA News* and Regional Presidents' Memo
- ***Award benefits are subject to change without notice.***

**Regional Society Member of the Year
NOMINATION FORM
Complete by November 30th**

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 by the nominator for the nominee no later than **December 31st**.

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/endoscopy 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.

**SGNA Regional Society Member of the Year
APPLICATION FORM
Complete by December 31st**

Please Note: 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/endoscopy nurse or associate: _____

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

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

(D) Number of years as a Certified Gastroenterology Nurse _____.

(E) Do you have a GTS (GI Technical Specialist) or AGTS (Advanced GI Technical Specialist)? Yes or No

II. 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: _____

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

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

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

(B) Other involvement - please list any special projects or tasks you have preformed on the regional level (Webmaster, Community projects, Regional Newsletter Editor, Regional Speaker, etc):

Date: _____ Details: _____

Date: _____ Details: _____

Date: _____ Details: _____

III. National Involvement

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

Date(s): _____ National Office: _____

Date(s): _____ National Office: _____

(B) SGNA Committee Chair/Member

Date(s): _____ Committee: _____

Date(s): _____ Committee: _____

(C) Other Involvement

1. Monitor/Moderator at SGNA Annual Course

Date(s): _____

Date(s): _____

2. Speaker at SGNA Annual Course

Date(s): _____ Course Title: _____

Date(s): _____ Course Title: _____

3. Journal Articles, Poster Submissions, Research

Date: _____ Details: _____

Date: _____ Details: _____

Date: _____ Details: _____