##### SGNA Distinguished Service Award

Eligibility Criteria

1. Must be a current member of SGNA, with membership for at least five years and actively participates in regional and national activities.
2. Is currently or has previously been employed in gastroenterology/endoscopy, full or part-time, in supervisory, teaching, clinical or administrative capacities.
3. Is currently serving or has served on an SGNA national committee.
4. Must consent to SGNA publishing name and title, if selected for the award, in our membership communication materials.

Performance Criteria

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

1. Demonstrates continued service and leadership to the Society at both the national and regional levels.
2. Contributes to the growth of the organization.
3. Contributes to the educational programs and publications of the society.
4. Actively promotes the Society and the specialty through significant contributions in the areas of public service, legislation and other community involvement.
5. Supports certification in the specialty.
6. During service on SGNA national committee – completed tasks, met deadlines and actively participated on committee.

Guidelines for Completion

Nominations are to no later than **Monday,** **December 2nd.**

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

1. Waived tuition, airfare and three-day hotel reimbursement for the Annual Course (time of presentation).
2. A featured article in the Inside Tract
3. A plaque inscribed with recipient’s name and date.
4. 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. If you have any questions, contact SGNA Headquarters at* [*info@sgna.org*](mailto:info@sgna.org)

**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 nominations by Monday, December 2nd**

Please send an application to the nominee listed.

I will forward the application contained within the awards brochure to the nominee listed.

**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*** [***info@sgna.org***](mailto:info@sgna.org) ***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: **\_\_\_\_\_\_\_\_\_**

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