##### 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*

**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 SGNA Headquarters, Attn: Awards Committee, 330 N Wabash Ave. Suite 2000, Chicago, IL, 60611 or FAX to (312) 673-6694.***