**SGNA Outstanding Regional Society Award**

This award recognizes the Regional Society most active and dynamic in achieving the goals of SGNA at the regional level. Recognizing the importance of contributions made by Regional Societies, SGNA established this award to acknowledge these efforts and encourage Regional Societies to take pride in their accomplishments. Through this recognition of Regional Societies, SGNA encourages educational growth, increased involvement at the national level and community and legislative involvement.

Eligibility Requirements

* The Regional Society must be chartered and in good standing for a minimum of two years
* The region must have not received this award for at least five years

Performance Criteria

* Community and legislative involvement
* Involvement in House of Delegates and national committees
* Presented an educational poster at previous year’s Annual Course
* Promoted GI Nurses and Associates Week
* Has a Regional Society newsletter
* The number of continuing education hours offered per year
* Participation in the Nurse Mentor Program *\*New*
* Percentage of certified members
* Votes cast in the previous year’s national SGNA election

Guidelines for Completion

Complete this application along with the following documents:

* A copy of the annual summary report of continuing education hours offered by the region for the previous year
* A recent copy of the Regional Society newsletter if one exists
* An essay in 250 words or less explaining why your Regional Society would be considered “outstanding” by SGNA

Award Benefits

* Recognition during the SGNA Annual Course
* A banner featuring your Regional Society
* A $1,000 stipend
* Ribbons at the Annual Course for all regional members in attendance
* An announcement in *SGNA News*

*Award benefits are subject to change without notice.*

**SGNA Outstanding Regional Society Application**

Name of Regional Society:

Contact Person:

Address:

City:­­ State:­ Zip:

Daytime Phone: ­ Email:

Data supplied is current as of:

Check here if you would like SGNA headquarters to return this application:

***List all activities and comments required in each section below. If necessary, answers may be continued on another sheet of paper. Attach all documentation and copied relevant to each activity described.***

1. **COMMUNITY/LEGISLATIVE INVOLNVEMENT**

*Regional society’s community involvement activities (i.e. health fair, regional display at other meetings, charity drives, sponsored health related lectures, letter writing campaigns) for the past year:*

***(Activities must be as a whole regional society, not by individual members – provide documentation)***

**A.1. Community Events**

|  |  |  |
| --- | --- | --- |
| **Activity Title** | **Date** | **Activity** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**A.2. Regional society’s legislative involvement activities for the previous year:**

* Number of letters written on behalf of entire Regional Society (attach copies):
* Participation in state lobbying or coalition work yes no
* Participation in national lobbying or coalition work yes no

*On what issues:*

1. **NATIONAL SGNA PARTICIPATION**

*Names of your Regional Society members who currently serve on SGNA national committees or as national officers, board of directors’ members, committee chairs, SIG chairs and their positions:*

**B.1.**

|  |  |
| --- | --- |
| **Name** | **Committee/Office** |
|  |  |
|  |  |
|  |  |
|  |  |

**B.2.**

|  |
| --- |
| **Resolutions your Regional Society drafted for last May’s House of Delegates** |
|  |
|  |
|  |
|  |

B.2.a. Was your delegate seated at last May’s House of Delegates?

­ Yes No

Name:

B.2.b. Did your alternate attend last May’s House of Delegates?

 Yes No

 Name:

B.2.c. Did your delegate and/or alternate attend last May’s House of Delegates Workshop?

 Yes No

 Name(s):

**B.3. Did your regional society provide an educational or research poster display at last May’s SGNA Annual Course?**

 Yes No

Title:

Did it win 3rd 2nd 1st place?

**B.4. Other SGNA Involvement on the part of your regional society for this past year.**

B.4.a. Moderator/Volunteer at last May’s Annual Course

|  |  |
| --- | --- |
| **Member Name** | **Function** |
|  |  |
|  |  |
|  |  |

B.4.b. SGNA Journal or other journal articles authored

|  |  |  |
| --- | --- | --- |
| **Member Name** | **Date** | **Title** |
|  |  |  |
|  |  |  |
|  |  |  |

 B.4.c. Faculty at last May’s Annual Course

|  |  |  |
| --- | --- | --- |
| **Member Name** | **Date** | **Course Title** |
|  |  |  |
|  |  |  |
|  |  |  |

B.5. ABCGN involvement on the part of your regional society for this past year

B.5.a Participation in Item Writers Workshop

|  |  |
| --- | --- |
| **Member Name** | **Date** |
|  |  |
|  |  |
|  |  |

B.5.b. Members Serving on ABCGN Committees

|  |  |  |
| --- | --- | --- |
| **Member Name** | **Date Range** | **Committee** |
|  |  |  |
|  |  |  |
|  |  |  |

**B.6.** Does your Regional Society Contribute to the SGNA Foundation?

 ­ yes no

**C. REGIONAL ACTIVITY**

**C.1.** Regional Society promotion for *GI Nurses and Associates Week* during previous year:

 ***(Attach a copy of any proclamation or documentation of activity)***

C.1.a. Did you establish a city or state proclamation?

 yes no

C.1.b. Other regional activity for GI Nurses and Associates Day

**C.2.** Does your region have a Regional Society newsletter?

 yes no

 C.2.a. Number of times a year published:

 ***Attach a copy of the latest issue***

**C.3.** Continuing educational programs your Regional Society offered this past year

 C.2.a Total number of hours provided:

***Attach a copy of the Annual Summary Report of Regional Society Educational Hours***

**C.4.** Does your Regional Society offer scholarships to your members?

 yes no

If yes, scholarships offered for:

|  |  |
| --- | --- |
| **Program** | **Recipient Name(s)** |
|  |  |
|  |  |
|  |  |
|  |  |

1. **NARRATIVE**

Submit a 250 word or less, typed, double spaced narrative as to why your regional society should be considered “outstanding” by SGNA. Information may include but is not limited to:

* Incorporation
* Percentage of growth in last year
* Structure revisions or bylaw changes
* Development of Regional Society policy & procedure book
* Special awards
* Participation in/with other professional organizations
* Special educational courses
* Membership in any state organization
1. **Participation in Nurse Mentor Program *\*New***

Does your regional society participate in the new Nurse Mentor Program?

 \_\_\_\_\_\_\_yes \_\_\_\_\_\_\_\_no

|  |
| --- |
| **Name of Mentees** |
|  |
|  |
|  |
|  |
|  |
| **Name of Mentors** |
|  |
|  |

***Applications must be submitted to SGNA Headquarters no later than January 15***

**Mail Applications to:**

**SGNA Awards**

**330 N. Wabash Ave**

**Suite 2000**

**Chicago, IL 60611**

**Or fax to: 312.673.6694**

**Contact SGNA with any questions at** **sgna@smithbucklin.com** **or 800.245.7462**

***-For office use-***

**E. MEMBERSHIP STATISTICS**

Total number of Members:

Number of Certified Members:

**E.1** % Certified Members:

**E.2** % of Members voted in most recent national SGNA election: