

Société canadienne des infirmières et infirmiers en gastroentérologie et travailleurs associés

2017

CSGNA Chapter of the Year Award Application

Application for year: May 1, 200_____to March 31, 200_____ Application must be received by May 30th, 2017

Chapter Name: _____

Chapter Executive: ______Position: ______

Chapter Contact email:

Section 1: Membership

Number of Chapter members at July 1st of previous year: CSGNA Executive Assistant will provide final Chapter numbers as of May 30th, along with the new/renewing ratio. These do not need to be added to this form at time of application.

Section 2: Chapter Support

Was a Chapter Newsletter provided to members for Chapter news? Yes No Please attach an electronic copy of each newsletter to this application.

Was a workshop or study group developed for CNA Certification support?

Yes No If so, how was this support provided?

Has the Chapter provided a method of feedback from its membership? Yes No If so, how was this done?

Section 3: Chapter Education

Fill in the educational events provided by the Chapter during the year Date: Topic: **Education Hours Provided:** Date: Topic: Education Hours provided:

Revised 2017-02-05

Section 4: Member Involvement		
Has a Chapter member presented at a Chapter meeting?	Yes	No
If yes, please provide details.		
Has a Chapter member presented at the National Conference? If yes, please provide details.	Yes	No
Has a Chapter member provided an article for The Guiding Light?	Yes	No
If yes, please provide details.	105	
Have any Chapter members applied for a role at the National Level? <i>If yes, please provide names.</i>	Yes	No
Chapter members returned ballots for National Election and Bylaws - The	e Presic	dent-
Elect will provide this number.		
Section 5: Chapter Growth		
Please list the innovative ways your Chapter has attracted new members:		

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APPLICATIONS MAY BE:

Mailed to:Linda GandyAwards and Research Director6 Woodcroft Cres.Waterdown, ON LOR 2H5Emailed to:awardsdirector@csgna.com