2019

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:

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?  
Yes  No

If yes, please provide details.

__________________________________________________________________________________________

__________________________________________________________________________________________

Has a Chapter member provided an article for The Guiding Light?  
Yes  No

If yes, please provide details.

__________________________________________________________________________________________

__________________________________________________________________________________________

Have any Chapter members applied for a role at the National Level?  
Yes  No

If yes, please provide names.

__________________________________________________________________________________________

__________________________________________________________________________________________

Chapter members returned ballots for National Election and Bylaws - The President-Elect will provide this number.

Section 5: Chapter Growth
Please list the innovative ways your Chapter has attracted new members:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

APPLICATIONS MAY BE:

Mailed to:  Linda Gandy  
Awards and Research Director  
6 Woodcroft Cres.  
Waterdown, ON  
L8B 0H1

Emailed to:  awardsdirector@csgna.com