



Canadian Society of Gastroenterology Nurses & Associates  
Société canadienne des infirmières et infirmiers en gastroentérologie et travailleurs associés

#224 1540 Cornwall Road, Oakville, Ontario L6J 7W5

## CSGNA Chapter of the Year Award Application

Application for year: July 1, 200\_\_\_\_\_ to June 30, 200\_\_\_\_\_

**Application must be received by July 15<sup>th</sup> of each year.**

Chapter Name: \_\_\_\_\_

Chapter Executive: \_\_\_\_\_ Position: \_\_\_\_\_

Chapter Contact email: \_\_\_\_\_

### Section 1: Membership

Number of Chapter members at July 1<sup>st</sup> of previous year: \_\_\_\_\_

*CSGNA Executive Assistant will provide final Chapter numbers as of June 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 a copy of each newsletter to this application*

Was 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** Palma Colacino, CSGNA Executive Assistant, #224, 1540 Cornwall Road, Oakville, Ontario, L6J 7W5, **faxed** to 905-829-0242 or **emailed** to [adminassistant@csgna.com](mailto:adminassistant@csgna.com).