

Northern N.J. SGNA Doris Barnie Scholarship Application for Certification/Recertification



Contact Information

Name	
Street Address, City, St, Zip Code	
Home/Work Phone	
E-Mail Address	
SGNA Member? Membership #	
Non-Member?	
Certification? Recertification? Via Contact Hours or Test?	

Please answer the following questions. Each response will be weighed for the award of the scholarship.

1. How many NNJSGNA Business meetings do you attend annually? 1 2 3 4 5 6
2. How many Annual National SGNA Conferences have you attended (year-s)?
3. Have you lectured on a GI related topic in the last 5 years? Y N
If you have lectured, where did you lecture? Your Unit____ Your Region____
Nationally_____
4. Have you published an article in a nursing journal? Y N
If so, title and name of journal?
5. Have you served as an officer in SGNA in the last 5 years? Y N
What offices have you held?
6. Have you served as a committee member for SGNA in the last 5 years? Y N
If yes, on what committees did you serve?
7. Are you a preceptor or educator in your department? Y N
8. Does your employer reimburse you for your certification? Y N
9. How long are you working in GI nursing?
10. How long have you been an SGNA member?

11. What other certifications do you currently hold?
12. To what other National Nursing Organizations do you currently belong?
13. Have you presented a GI poster National? Regional? Local? Y N
If so, what was the topic?
14. Is this your first time taking the ABCGN Certification exam? Y N

In short form, please tell us what does GI nursing means to you? And what are your goals for GI nursing in the coming year? (max. 200 words)

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a scholarship recipient, any false statements, omissions, or other misrepresentations made by me on this application may result in my forfeiting the scholarship. I also understand, that prior to receiving the scholarship payment, I am to submit proof of payment for the ABCGN Certification/ Recertification fees.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in applying for our scholarship offered in honor of our leader and mentor of GI Doris Barrie!

