



# **Certification/Recertification Scholarship Application**

**American Board of Certification for Gastroenterology Nurses**

***Improving quality of patient care by advancing knowledge and  
validating a professional's commitment.***

## **Certification/Recertification Scholarship Application**

### **INSTRUCTIONS:**

The ABCGN Certification/Recertification Scholarships have been established to assist candidates with financial assistance for certification/recertification. Grants for certification by examination and for recertification will be awarded equally each year in spring and fall. If there are no applications in one category, grants will be awarded in the other category. The deadline for the application is December 15<sup>th</sup> for the May exam and recertification, and June 15<sup>th</sup> for the October exam and recertification. The number of grants awarded will depend upon funds available.

**Submit or FAX (312-673-6723) the application to:**

**ABCGN  
Scholarship Review Committee  
401 N. Michigan Avenue  
Chicago, IL 60611**

Applicants will be notified by mail by the ABCGN's Scholarship Committee of their status regarding this Scholarship by February 1<sup>st</sup> (Spring Exam) or August 1<sup>st</sup> (Fall Exam).

### **ELIGIBILITY:**

- The candidate must be currently working in the field of gastroenterology and have an interest in and commitment to gastroenterology nursing.
- Must be currently employed in gastroenterology
- Support the goals and philosophy of SGNA

### **TYPE OR PRINT THE INFORMATION REQUESTED BELOW:**

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

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

**Applicants are asked to respond to questions which reflect their commitment to professional growth and challenge through the process of certification. All parts of the application must be typed or neatly printed in the space provided. The Scholarship Review Committee has access only to the application form. Points will be deducted for an incomplete application.**

## ABCGN SCHOLARSHIP/AWARDS SUBMISSION FORM

Name:

Mailing Address:

City:

Home Phone:

State:

Work Phone:

Zip:

Email:

Please circle your response

Number of Years in Gastroenterology Nursing (MIN 2 yrs scholarship/3 yrs award)	2-4 Years	5-9 Years	10+ Years		
SGNA membership length of time	2-4 Years	5-9 Years	10+ Years		
Number of years certified in Gastroenterology	Enter #				
Is this your first time taking the Certification Exam?	Yes	No			
Number of times you have attended the Item Writers Workshop	0	1	2	3	4+
Number of times you have attended the SGNA Annual Course	0	1	2	3	4+
Have you lectured on a GI related topic in the last 5 years?	0	1	2	3	4+
Have you attended 2 or more Regional Meetings or Courses this year?	Yes	No			
Have you served on a National SGNA committee in the last 5 years?	Yes	No			
Have you served on a Regional SGNA committee in the last 5 years?	Yes	No			
Have you served as a chair of a National Committee in the last 5 years?	Yes	No			
Have you served as a chair of a Regional Committee in the last 5 years?	Yes	No			
Have you served as a National SGNA officer in the last 5 years?	Yes	No	Please attach your essay on " <u>Why Certification is Important to you.</u> " Essay should be 200 words or less.		
Have you served as a Regional SGNA officer in the last 5 years?	Yes	No			
Are you Certified in another Specialty?	Yes	No			
Are you a member of another National Nursing Organization?	Yes	No			
If yes, please list					
Have you written an article published in the National or Regional newsletter?	Yes	No			
Have you written an article published in a Nursing Journal?	Yes	No			
Have you published a chapter in a health care journal or book?	Yes	No			
Have you presented a poster on the National or Regional level?	Yes	No			
Have you presented or displayed a Nursing Research Project?	Yes	No			
Have you published a Nursing Research Project?	Yes	No			
Are you actively involved in a Health related support group?	Yes	No			
Are you a Gastroenterology preceptor?	Yes	No			
Do you get Financial Support from your Employer or Regional?	Yes	No			

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