



Certification/Recertification Scholarship Application

American Board of Certification for Gastroenterology Nurses

*Improving quality of patient care by advancing knowledge and
validating a professionals' 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 each year in spring and fall. The deadline for the application is December 15th for the May exam and recertification, and June 15th 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 1st (Spring Exam) or August 1st (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 (Minimum 2 years required) | 2-4 Years | 5-9 Years | 10+ Years | | |
| SGNA membership length of time | 1-5 Years | 5-10 Years | 10+ Years | | |
| Number of years Certified in Gastroenterology | 1-5 Years | 5-10 Years | 10+ Years | | |
| 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 | | Please attach your essay on "Why Certification is Important to you." Essay should be 200 words or less. | |
| Have you served as a National SGNA officer in the last 5 years? | Yes | No | | | |
| 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 | | | |
| Do you get Financial Support from your Employer or Regional? | Yes | No | N/A | | |

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