

VIRGINIA ENA 2010 Delegate Application

The Delegate Award is offered by VENA to current ENA members actively practicing in the state of Virginia.

To apply, complete this form and return to:

Loretta Martin
3207 Camelia Drive
Portsmouth, VA 23703

Or via e-mail to lamartinrn@verizon.net

Delegate application deadline: June 25, 2010
(NO application will be accepted after this date!)

Delegate recipients will be notified once the known number of delegates is allotted for Virginia from National ENA. Delegates will be required to attend the VENA state meeting on September 14, 2010. Expectations will be reviewed at this time with the delegates.

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Home () _____ Cell() _____ Work() _____ E-mail _____

VENA Chapter _____

ENA Membership Number _____ Expiration Date _____

Virginia RN License Number _____ Expiration date _____

Section 1- First time member to ENA yes no 25 points

Section 1

POINTS _____

New member between June 1, 2009 to May 31, 2010

Verified by chapter president: _____

Section 2 – Chapter Meeting Attendance:

Please note the dates you attended your chapter meetings from June 1, 2009-May 31, 2010

Determination will be made according to percentage of meetings attended/meetings held, such as:

- If you attended 25 % of your chapter meetings: 25 points
- If you attended 50% of your chapter meetings: 50 points
- If you attended 75 % of your chapter meetings: 75 points
- If you attended 100% of your chapter meetings: 100 points

Section 2
POINTS _____

Signature of Chapter President: _____

Section 3 – Virginia ENA Meeting Attendance

Those with 75% attendance will be given first priority, those with 50% attendance will be given 2nd priority and less than 50% will be given 3rd priority.

Please note the dates that you attended Virginia ENA meetings from June 1, 2009 through May 31, 2010 (25 points per meeting)

- June 25, 2009 Sept 15, 2009 Oct 16, 2009
 Dec 10, 2009 Feb 23, 2010 Apr 22, 2010

Section 3
POINTS _____

Verified by State President: _____

Section 4 – Offices or Positions Held

Please mark the positions held in ENA, VENA or your chapter at the time of completing this application.

Office(s)	ENA (75 pts)	Virginia ENA (50 pts)	Chapter (25 pts)
President			
President-Elect			
Immediate Past-President			
Secretary			
Treasurer			
Treasurer-Elect			
State Council Representative	N/A	NA	

Section 4
POINTS _____

Section 5 – Committees

Please indicate any committees that you were a chairperson or member of from June 1, 2009-May 31, 2010. This may include Education, Government Affairs, Nursing Practice, Membership, Trauma, Pediatrics, ENCAre/Injury Prevention, Awards and Resolutions or any AD HOC committees.

Committee Name	ENA (30 pts)	Virginia ENA (15 pts)	Chapter (10 pts)

Section 5
POINTS _____

Section 6 - Advanced Courses taken or certified in from June 1, 2009 –May 31, 2010

Please circle your highest level achieved (such as TNCC instructor cannot also mark TNCC provider.)

- | | | |
|---|---|--|
| <input type="checkbox"/> TNCC Instructor (25) | <input type="checkbox"/> TNCC Provider (15) | <input type="checkbox"/> TNCC Coordinator/Faculty (30) |
| <input type="checkbox"/> ENPC Instructor (25) | <input type="checkbox"/> ENPC Provider (15) | <input type="checkbox"/> ENPC Coordinator/Faculty (30) |
| <input type="checkbox"/> CATN Instructor (25) | <input type="checkbox"/> CATN Provider (15) | <input type="checkbox"/> CATN Coordinator/Faculty (30) |
| <input type="checkbox"/> ENCARE Provider (10) | <input type="checkbox"/> ENCARE/Injury Prevention trainer(25) | |
| <input type="checkbox"/> CPS Instructor (25) | <input type="checkbox"/> CPS Provider (15) | |

For Instructors, please list the number of courses taught from June 1, 2009 to May 31, 2010

Course Name	Instructor Courses Taught (15 points each)	Provider Courses Taught (10 points each)

Section 6
POINTS _____

Section 7 - Certifications

Please mark and provide the certification number of any of the below certifications that you hold (30 points per certification).

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> CEN _____ | <input type="checkbox"/> CFRN _____ |
| <input type="checkbox"/> SANE-A _____ | <input type="checkbox"/> CTRN _____ |
| <input type="checkbox"/> CPEN _____ | |

Section 7
POINTS _____

Section 8 - Special Projects

Please list below and provide a brief synopsis below of any special projects which you are involved. These projects must reflect contributions to ENA on a local, state, or national level. Participation must be beyond the requirements of your current ENA office or

committee role and those of your job role. Projects for which pay is received (other than an honorarium) cannot be included. Projects performed as a member of another organization such as a volunteer rescue squad are not eligible. The special projects must enhance the image of nursing or Emergency Nursing in the hospital, community or group. Attendance at State Council sponsored activities such as Fall symposium, EMS symposium, Leadership or SESS, are eligible. Validity and eligibility of projects will be determined by the 2010 VENA Board. (15 points per project)

Project Name	Brief Synopsis
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Section 8 POINTS _____

TOTAL POINTS _____

Applicant's Signature (electronic signature if emailed)

Date

Verification by Chapter President: _____

Date

***EACH SELECTED DELEGATE WILL BE AWARDED ACCORDING TO TOTAL POINTS AS DETERMINED BY THE BOARD OF DIRECTORS**

- 750 or greater points = 100%
- 501-749 points = 75%
- 251- 500 points = 50%
- < 250 points = 25%

IF THE DELEGATE DOES NOT ATTEND ALL REQUIRED STATE MEETINGS OR SESSIONS FOR THE GENERAL ASSEMBLY AS SET FORTH IN THE GUIDELINES, MONIES WILL BE RETURNED TO VENA TREASURER FOR THE FULL AMOUNT RECEIVED.

FOR VENA BOARD USE ONLY:

<p>POINTS VERIFIED BY _____</p> <p>AWARDED DELEGATE _____</p> <p>2010 VENA PRESIDENT _____</p> <p>Award and Recognition Committee Chair: _____</p>
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