

VA State Delegate Application

2018 General Assembly

To apply complete this form and return to:

glmeadows@carilionclinic.org

Application period runs from

June 01,2017 to May 31,2018

Paperwork must be received by midnight on June 22, 2018

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

ENA Membership Number: _____ Expiration Date: _____

VA RN License Number: _____ Expiration Date: _____

Section 1 - First Time ENA Member

___ Yes ___ No (Must be new member to ENA as of June 01, 2017) 25 point

Section 1 Points _____

Chapter President Signature Required:

Section 2 - Chapter Meeting Attendance

Please note the dates you attended meetings from June 01, 2017 to May 31, 2018

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

If you attended 3 chapter meetings: 25 points

If you attended 4 chapter meetings: 50 points

If you attended 5 chapter meetings: 75 points

If you attended 6 chapter meetings: 100 points

Section 2 Points _____

Chapter President Signature Required:

Section 3 - Virginia ENA Meeting Attendance (State Meetings)

Please note the dates you attended meetings from June 01, 2017 to May 31, 2018

Each VA ENA meeting attended = 25 points each

June

August

October

December

February

April

Section 3 Points _____

Chapter President Signature Required:

Section 4 – Participation

Offices or Positions Held

Please mark the positions held in ENA, Virginia ENA, or Chapter at the time of completing this application.

From June 01, 2017 to May 31, 2018

ENA OFFICE HELD	NATIONAL (75 points each)	STATE (50 points each)	LOCAL (25 points each)
President			
President Elect			
Immediate Past President			
Secretary			
Treasurer			
Treasurer Elect			
State Council Representative			

Section 4 Points _____

Chapter President Signature Required:

Section 5 – Committees

Please indicate any committees that you were a Chairperson or member of within the application year.

This may include Education, Government Affairs, Nursing Practice, Membership, Trauma, Pediatrics, Injury Prevention, Awards and Resolutions, or any AD HOC Committees.

Committee Name	ENA NATIONAL (50 points each)	VA ENA (30 points each)	LOCAL Chapter (15 points each)

Section 5 Points _____

Chapter President Signature Required:

Section 6 - Advanced Courses Certification or Attended

Please check your highest level achieved (such as TNCC instructor cannot also mark TNCC Provided)

Provider for TNCC, ENPC, CATN, CPS, GENE, ENCare:

_____ 15 points each

Instructor for TNCC, ENPC, CATN, CPS, ENCare:

_____ 25 points each

Coordinator/Faculty for TNCC, ENPC, CATN, CPS:

_____ 30 points each

*For instructors please list the number of courses taught from
June 01, 2017 to May 31, 2018.*

(If additional space is needed, please add cells as needed)

Course Name	Instructor Course Taught (Please include dates)	Provider Course Taught (Please include dates)

15 points each course taught

Section 6 Points _____

Section 7- Certifications

Please mark and provide the certification number and expiration of any of the below certifications that you currently hold.

CEN: SANE-A: CPEN: CFRN: CTRN: 30 points each certification

Number_____ Expiration_____

Number_____ Expiration_____

Number_____ Expiration_____

Number_____ Expiration_____

Number_____ Expiration_____

Section 7 Points _____

Section 8 - Special Projects

Please list below and provide a brief synopsis 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 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 State Conference, EMS Symposium, ENA Leadership, or SESS are eligible. (if more space is needed, please add cells)

Project Name	Brief Synopsis

25 points each project

Section 8 Points _____

APPLICATION TOTAL POINTS: _____

Applicant's Signature: _____

Date: _____

Treasurer Verification: _____

Date: _____