**South Carolina State/Chapter ENA Council Delegate Application**

**and Financial Support Request Form**

**[] Requesting State support [] Requesting Chapter support**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ENA # \_\_\_\_\_\_\_\_\_\_\_ Expiration \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home/Cell Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1 State Council and Chapter Meeting Attendance**

State Council Meeting Attendance is tracked for you. This section will be completed by the SCENA State Secretary from June 1st of the past year to May 31st of the current year.

Number of state council meetings attended/total number of meetings held \_\_\_\_\_/\_\_\_\_\_ = \_\_\_\_\_\_%

Number of state council meetings attended in person/phoned in \_\_\_\_\_\_\_/\_\_\_\_\_\_ = \_\_\_\_\_\_\_total points

(State Council Meeting points: \* In person = 5 points; phoned in = 1 point)

Chapter Meeting Attendance for the same period is tracked by the member and must be verified by your Chapter President’s signature on this application when submitted.

Number of chapter meetings attended/total number of meetings held \_\_\_\_\_/\_\_\_\_\_ = \_\_\_\_\_\_ %

**Those with 75% attendance will be given first priority, 50% attendance will be given second priority, and less than 50% will be given third priority.**

**\_\_\_\_\_ 2 ENA elected position(s)** held beginning January 1st of the current year

**Elected positions (points)** **National (100)** S**tate (75)** **Chapter (50)**

President \_\_\_ \_\_\_ \_\_\_

President-elect \_\_\_ \_\_\_ \_\_\_

Immediate Past-President \_\_\_ \_\_\_ \_\_\_

Secretary \_\_\_ Sec/Treasurer \_\_\_ \_\_\_

Treasurer \_\_\_ NA

National Board Director \_\_\_

**\_\_\_\_ 3 ENA Committees: Standing (according to SCENA Bylaws):** Education, TNCC/ENPC, QSIP, Membership, Government Affairs, SESS and other AD HOC Committee(s) from June 1st of the past year to May 31st of the current year. Indicate your position on the committee as either Chair, Co-Chair**/** or active Committee Member.

**Committee Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**National (35/25) \_\_\_\_\_** **State (40/30) \_\_\_\_\_** **Chapter (20/15) \_\_\_\_\_\_**

**Committee Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**National (35/25) \_\_\_\_\_** **State (40/30) \_\_\_\_\_** Chapter **(20/15) \_\_\_\_\_**

**Committee Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**National (35/25) \_\_\_\_\_** **State (40/30) \_\_\_\_\_** Chapter **(20/15) \_\_\_\_\_**

**Committee Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**National (35/25) \_\_\_\_\_** **State (40/30) \_\_\_\_\_** **Chapter (20/15) \_\_\_\_\_**

**Committee Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**National (35/25) \_\_\_\_\_** **State (40/30) \_\_\_\_\_** **Chapter (20/15) \_\_\_\_\_**

**\_\_\_\_ 4 ENA Liaisons: Approved by the current SCENA State President** for the current year.

Credit will be given if representative attends regular meetings of the assigned group and submits a verbal or written report to State Council meetings. (40 points for each group)

Includes but not limited to such groups as: High School Injury Prevention Coalition, Governor’s EMS Advisory Board, and Governor’s Taskforce for Safety, Trauma Advisory Council, and Specialty Groups in South Carolina Nurses Association, State Board of South Carolina, and the South Carolina Board of Nursing Committee on Nursing Practice.

Identify Liaison Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify Liaison Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_ 5 Advanced Course Points:** Choose either Instructor or Provider or Director (only one)

\_\_\_\_\_ TNCC Course Director (40) \_\_\_\_ ENPC Course Director (40)

\_\_ \_\_\_ TNCC Instructor (25) \_\_\_\_TNCC Provider (10)

\_\_\_\_\_\_ENPC Instructor (25) \_\_\_\_ENPC Provider (10)

**Maximum points will be awarded for 4 courses taught per category** from June 1st of the past year to May 31st of the current year.

\_\_\_\_\_\_ BCEN Certification Review Courses taught (10 points/course)

\_\_\_\_\_\_ Number of ENPC Instructor Courses taught (10 points/course)

\_\_\_\_\_\_ Number of TNCC Instructor Courses taught (10 points/course)

\_\_\_\_\_\_ Number of ENPC Provider Courses taught (10 points/course)

\_\_\_\_\_\_ Number of TNCC Provider Courses taught (10 points/course)

**\_\_\_\_6 BCEN Certifications held**

**CEN (30 Points) # \_\_\_\_\_\_\_\_\_\_\_\_\_ CTRN (30 Points) #\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CPEN (30 Points) #\_\_\_\_\_\_\_\_\_\_\_\_\_ CFRN (30 Points) #\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TCRN (30 Points) #\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_7 Professional Development Activities/Projects** from June 1st of the past year to May 31st of the current year.

Projects may include professional speaking, poster presentations, authoring and publishing. Projects must reflect contributions to ENA on national, state or local level. Participation must be beyond the requirements of your current ENA office, committee role and/or those of your job role and enhance the image of emergency nursing in your hospital, community or outside groups (i.e. student nurses). Provide a separate, brief written explanation of your project(s)/ presentation(s) to the current SCENA State President. (20 points per project)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_8** **Professional Development and Event Attendance:** Includesattendance at ENA sponsored activities from June 1st of last year to May 31st of the current year: For multiple events, circle the events and total your points

\_\_\_\_\_\_State and Chapter Leaders Orientation (SCLO) (30 points)

\_\_\_\_\_\_Day on the Hill (DOTH) (30 points)

\_\_\_\_\_\_ENA Spring and Fall Regional Conferences (30 points/event)

\_\_\_\_\_\_General Assembly as a SCENA Delegate or Alternate (30 points)

\_\_\_\_\_\_Annual Educational Conference (30 points)

\_\_\_\_\_\_Regional Conferences (NERS) (NJENA) (SESS) (20 points/event)

\_\_\_\_\_\_SCENA annual leadership development and or educational event (10 points/event)

\_\_\_\_\_\_\_ **TOTAL POINTS Overall**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant's Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chapter President's Signature Date**

## (Must have for verification of chapter meetings attendance when submitting application)

## Verification by Delegate Selection Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

General Assembly **Delegate** Yes []

General Assembly **Alternate** Yes []

Comments by Delegate Selection Committee**:**

Original 8/2006

Revised/ approved 3/13/2015

Revised/approved 1/13/2017

Revised/approved 4/18/2019