



ENC SGNA Candidate Biographical Data Form

Name: _____

Home Address: _____

Email Address: _____ Telephone #: _____

SGNA Membership #: _____ Years of GI Experience: _____

Place of Employment: _____

Certifications: CGRN SGNA Associates Program _____

Previous involvement/offices held in ENC SGNA:

President Vice President Board Member Treasurer Secretary Associate

Regional or National involvement:

- SGNA National involvement
- SGNA Regional involvement
- Presentations/publications
- ABCGN involvement
- Other related organization or professional nursing awards/ participation

List: _____

Position nominated for:

- President Elect (Vice President)
- Secretary
- Associate Member
- Board Member at Large (up to 3 positions available)

Please email this form to encsgna@outlook.com

Personal Position Statement:

Please answer why you believe you are the best person for this SGNA position.

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