

APPLICATION OSGNA EDUCATIONAL GRANT

Name _____

Home address _____

City _____ State: _____ Zip: _____

Hospital/Office/Institution _____

Work address _____

City _____ State _____ Zip _____

SGNA Membership ID Number _____

Current Certification in Gastroenterology Yes _____ Year _____ No _____

Other Current National Certification(s) held (list) _____

Years in SGNA _____ >10 _____ 7-10 _____ 4-6 _____ 2-3

Years in GI _____ >10 _____ 7-10 _____ 4-6 _____ 2-3

CHECK ALL THAT APPLY

OSGNA Board Member

_____ >2 years Year date on Board _____

_____ 2 years Year date on Board _____

OSGNA Program Committee Member

_____ 2 or more programs Year (s) of program _____

_____ 2 program Year of program _____

SGNA

_____ SGNA Board Member Position _____ Year _____

_____ SGNA Committee Member Committee _____ Year _____

_____ SGNA Moderator Year _____

_____ SGNA Monitor Year _____

GI COMMUNITY SERVICE

_____ Employment In service Topic _____ Date _____

_____ Church Program Topic _____ Date _____

_____ Health Fair Date _____

_____ Crohn's/Colitis (CCFA) Date _____

_____ Colon CA Research Date _____

_____ Other (list) _____

PUBLICATIONS

_____ OSGNA Newsletter Issue _____

_____ OSGNA/SGNA Poster Presenter Topic _____ Year _____

_____ SGNA Newsletter or ESIG Article Topic _____ Year _____

_____ SGNA Journal Author/Co author Topic _____ Year _____

_____ SGNA/OSGNA Speaker Presentation Topic _____ Year _____

_____ Other Professional Journal _____ Topic _____ Year _____