

Delegate Points Accumulation
Kansas ENA

Preferred minimum attendance to serve as delegate:
Attend 4 meetings of the Kansas State Council
Be an active member in the State Council activities

May 1, 2016 through April 30, 2017

Name of applicant _____

	ENA involvement	Points Possible	My Score
1	Attend Chapter meeting	2 pts/mtg	
2	Attend Kansas State Council meeting	10 pts/mtg	
3	General Assembly 2016 or attended Emergency Nursing 2016 LA	5	
	ENA Membership		
4	10+ years	10	
5	5-10 years	5	
6	2-5 years	3	
7	0-1 years	2	
	Elected positions		
8	Chapter President	3	
9	Chapter officer	2	
10	Council officer	5	
11	Council Board of Directors/Past President	3	
	Appointed Positions		
12	State committee chair (all committees—President must sign off)	6 pts/committee	
13	State committee member (committee chair must sign off)	2 pts/committee	
14	National committee member	15	
15	Special project (President must sign off) Describe project details and worthiness	10	
	Designations		
	TNCC (select highest designation)		
16	Provider (5), Instructor (1 pt/hr, max 15), Course Director (15), Faculty (15)	5-15	
	ENPC (select highest designation)		
17	Provider (5), Instructor (1 pt/hr, max 15), Course Director (15), Faculty (15)	5-15	
18	CEN	10	
19	CPEN	10	
20	CTRN	10	
21	TCRN	10	
22	Membership recruitment (5 pts/member, 20 pts max—attach verification)	5-20	
23	Presentation of an emergency related topic (not on work time, first time only)	5	
24	Presentation at state/chapter/trauma summit sponsored CEU	5	
25	Publish national journal article	5	
26	Public education project (non-work related)	5	
27	Hold FT position at bedside in ED	10	
28	Hold PT position at bedside in ED (or retired)	5	
29	Coordination of education (e.g. CEN, trauma summit)	7	

I have enclosed the necessary information required by the points system. (Please include supporting documentation)

Verification and chapter endorsement (when required) must accompany form or application in addition to the following:

I am an active member of ENA. My membership number is_____.

I have served in an elected position on the local, state, or national level during the past three years as follows:_____.

I am aware of the responsibilities listed below and agree to carry out those responsibilities. All delegates and alternative delegates will:

1. Attend all business sessions and special delegate activities at the General Assembly
2. Represent their constituents at the business meeting of the association
3. Seek information on all issues under discussion and act in the best interest of the constituents being represented.
4. Identify association members from other areas and evaluate them related to their leadership potential.
5. Report back to the constituents on all activities and actions taken regarding voting and discussion.

I submit my name for the position of Kansas Delegate to the General Assembly of the Emergency Nurses Association. I am aware that failure to comply with my responsibilities as listed above will cause forfeiture of any reimbursement monies awarded me by the state council.

Signature_____ Date_____

Were you a delegate to the National General Assembly for the State of Kansas within the last three years (used for tie breaking only)?

How to Submit Application

If submitting by mail, complete the application and mail to:

Pam Kvas
108 Quiet Waters Loop E-24, Council Grove KS, 66846
MUST BE POSTMARKED ON OR BEFORE 6/2/2017

If submitting by e-mail, complete the application and e-mail to:

pamkvas@hotmail.com
E-MAIL MUST BE SENT ON OR BEFORE 6/5/2017