

**California State Council Delegate Application and Point Tabulation Form**

**PRINT clearly and COMPLETE all areas  
Submission deadline is June 5, 2010**

Applicant's full name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zipcode \_\_\_\_\_ - \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Email address \_\_\_\_\_

ENA member # \_\_\_\_\_ Expiration date \_\_\_\_\_ **Must remain current through dates of National Assembly**  
*(renewal and proof of renewal is the responsibility of the applicant)*

**\*\*\* Submit copies of your current California RN License and ENA membership cards with form\*\*\***

Chapter name \_\_\_\_\_ Chapter # \_\_\_\_\_ First time delegate? (15 pts)  Yes  No

Would you be willing to mentor a first time delegate? (15 pts)  Yes  No

**Grand Total pts. \_\_\_\_\_**

**Meeting Attendance**

A. ENA **Chapter** Meetings (INCLUDES conference calls verified in meeting minutes) **10** pts. per meeting/month  
List dates attended from June 1<sup>st</sup> of last year through May 31<sup>st</sup> of the current year

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**pts. \_\_\_\_\_**

B. ENA **State Council** Meetings (INCLUDES conference calls verified in meeting minutes) **20** pts. per meeting  
List dates attended from June 1<sup>st</sup> of last year through May 31<sup>st</sup> of the current year (includes conference calls)

_____	_____	_____	_____	_____	_____
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**pts. \_\_\_\_\_**

**Committee Participation**

A. **Chairperson or Appointed Leader** @ the local, state and/or national level **50** pts. each  
Position held from January 1 through May 31<sup>st</sup> of the current year  
Committee/Appointment \_\_\_\_\_ Level (L/S/N) \_\_\_\_\_

_____	_____
_____	_____
_____	_____

**pts. \_\_\_\_\_**

B. Committee(s) **Member** @ the local, state and/or national level **20** pts each  
Position held from January 1 through May 31<sup>st</sup> of the current year  
(Chairperson may not accumulate points as a member of their own committee)  
Committee/Appointment \_\_\_\_\_ Level (L/S/N) \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____

**pts. \_\_\_\_\_**

**Elected Positions**

Position(s) **elected to** from January 1 through May 31<sup>st</sup> of the current year

A. Chapter President Chapter \_\_\_\_\_ 50 pts.

B. Chapter Representative Chapter \_\_\_\_\_ 40 pts.

C. All other Elected positions held at the Local, State or National level

Position(s) elected to Level (L/S/N) 50 pts. each

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

pts. \_\_\_\_\_

**Special Projects and Activities**

Projects/activities must have been completed from June 1<sup>st</sup> of last year through May 31<sup>st</sup> of the current year. 10 pts. Each item (no maximum)

A. Published in a nursing journal \_\_\_\_\_  
(Additional information may be attached to this application)

B. ENA Awards or volunteer work on behalf of ENA \_\_\_\_\_

C. Special ENA project(s) not required by ENA position held \_\_\_\_\_

D. Attended **any chapter or state ENA sponsored educational events** for CEU's. (Chapter and state meetings that provided educational presentations may be claimed here) \_\_\_\_\_

\_\_\_\_\_

E. Delegate or Alternate to National General Assembly /Baltimore Date \_\_\_\_\_2009

F. Attendance at National Scientific Assembly/Baltimore Date \_\_\_\_\_2009

G. Attendance at National Leadership Symposium/Chicago Date \_\_\_\_\_2010

Total Section pts. \_\_\_\_\_

**Certifications**

**Submit copies** of all current certificates or cards. \*\*\* **Credit will not be given without proof of current status** \*\*\*

CEN  CFRN  CPEN  CTRN  FAEN 20 pts. each

(Choose **EITHER** instructor or provider for each category)

ENPC Instructor  TNCC Instructor  GENE Instructor  ENCARE Instructor  
 CATN Instructor  Injury Prevention Institute Instructor  NHTSA CPS Instructor 20 pts. each

ENPC Provider  TNCC Provider  GENE Provider  ENCARE Provider  
 CATN Provider  Injury Prevention Institute Provider  NHTSA CPS Provider 10 pts. each

Total Section pts. \_\_\_\_\_

MAIL to: Ellie Encapera, RN, CEN  
8571 Larthorn Drive  
Huntington Beach, CA 92646-4542

EMAIL to: [miselliern@verizon.net](mailto:miselliern@verizon.net)

**PLEASE NOTE: The sender is responsible to follow up with me to verify that application(s) have been received.**

**NO faxing access**

Final delegate selection will occur in mid-summer of 2010, by personal emailed letter, in time for trip planning. If chosen, plan to arrive at the meeting destination no later than ONE DAY prior to the start date of General Assembly. All official delegates and alternates are requested to attend a brief orientation meeting and required to attend BOTH days of General Assembly in order to participate and receive financial assistance from Cal ENA.

Revised 3/2010