

Applicant _____ Date _____

Address / phone / email _____

Educational Program _____ (1/4)
program date

Criteria/activity (available points)	Points
• PSINS membership maintained (5)	_____
• Chapter membership recruitment (2 per new member)	_____
• National INS member (5) --please submit copy of card	_____
• National membership recruitment (2 per new member)	_____
• Sat for CRNI exam (10)	_____
• Achieved/maintain CRNI credential (20)	_____
• Chapter meeting attendance (1 per meeting)	
September	_____
October	_____
November	_____
December	_____
January	_____
February	_____
March	_____
April	_____
May	_____
June	_____
July	_____
August	_____
• Board meeting attendance (1)	_____
• Participation in chapter	
Committee member (4 per year)	_____
Committee chair (10 per year)	_____
Officer (20 per year)	_____
• Participation in chapter-sponsored educational programs	
mailings/telephone calls (1)	_____
registration (1)	_____
vendor assistance/followup (1 per paid vendor-participant)	_____
CEU application (5)	_____
committee member (1)	_____
committee chair (3)	_____
poster/abstract/roundtable presenter (5)	_____
speaker (10)	_____
attendance	
day 1 (1)	_____
day 2 (1)	_____
Total points this page	_____

Applicant _____ Date _____

Educational Program _____ (2/4)
program date

• **Participation in national organization**

committee member (4 per year) _____
committee chair (10 per year) _____
officer (20 per year) _____

• **Participation in national educational programs**

attendance (1 per day) _____
poster presentation (5) _____
abstract presentation (5) _____
roundtable leader (5) _____
speaker (10) _____

• **Other infusion-related activities**

submit (5)/publish (10)
in local chapter newsletter _____

submit (5)/publish (10)
in INS Newslines _____

submit (10)/publish (20)
in INS Journal _____

submit (10)/publish (20)
in other journal _____

• **Teach infusion-related courses (submit course content/syllabus)**

local/community (10) _____
nationally (20) _____

Total points this page _____

Total points previous page _____

TOTAL POINTS _____

Applicant _____ **Date** _____

Address / phone / email _____

Educational Program _____ (4/4)
program date

Forfeiture of Scholarship

Within 30 days of the educational program /conference, I will submit a copy of the Continuing Education Record Credits Earned to the Chapter, or I will forfeit the scholarship, and reimburse the Chapter the full amount of the scholarship.

applicant please sign

Manager Approval

_____ has applied for a scholarship from the Puget Sound Chapter Infusion Nurses Society to attend the National Infusion Nurses Society Annual Meeting and Industrial Exhibition, OR the National Fall Academy.

If a scholarship is granted, I will make time available from work for this person to attend.

manager please sign

date