**40-401A**

 **Revised: March 2021**

 **Reviewed: February 2017**

 **SOCIETY OF UROLOGIC NURSES AND ASSOCIATES**

 **CHAPTER REVIEW FORM**

Note: Completion of Part 1 of this form is mandatory to maintain active chapter affiliation status. Chapter awards will be selected based on information submitted from both parts 1 and 2.

Return this form and any additional attachments to:

Sara Drummer, SUNA Secretary by June 1, 2022

Email: smdrumm@hotmail.com

Fax: 856-589-7463 SUNA National Office

# Part 1. Mandatory for Active Chapter Status

Chapter Name       Chapter #      EIN#

|  |  |  |  |
| --- | --- | --- | --- |
| Chapter Leadership | Name | Phone # | Email |
| President  |  |  |  |
| President elect |  |  |  |
| Treasurer |  |  |  |
| Secretary |  |  |  |
| Other |  |  |  |

 Bank Name:­­­­­­­­­­­­­­­­

Signatories:

**Additional Chapter Information**

Year chapter formed: ­­­­­­­­\_\_\_\_\_\_\_\_ Chapter Logo: Yes [ ]  No [ ]

Current number of chapter members as of March 31, 2022 \_\_\_\_\_\_\_\_\_\_

Number of certified members as of March 31, ­­­2022 \_\_\_\_\_\_\_\_\_\_

Website: Yes [ ]  If so, address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No [ ]

Chapter Newsletter Yes [ ]  No [ ]

**One Educational or Community Activity from April 1, 2021 – March 31, 2022**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Topic/Title | # of attendees | # of Contact Hrs awarded |
|  |  |  |  |

**Additional Comments**: *Please communicate any needs, concerns, or interests in your chapter that may require support from the national level.*

**Part 2: Must be submitted with Part 1 to be considered for chapter awards**

**Additional Educational Activities**

Provide a detailed list of your chapter's educational programs and meetings held from **April 1, 2021 - March 31, 2022**. For each program, provide the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Topic/Title | # of attendees | # of Contact Hrs awarded |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Attach additional pages as necessary

**Community Activities**

Provide a detailed list of programs showing involvement in community programs that promote an awareness and education of urologic issues. For each program, provide the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Topic/Title | Type of participation | # of Members participating |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Attach additional pages as necessary

**Individual Achievements**

Provide a list of exceptional SUNA contributions (local and/or national) by individual chapter members:

Attach additional pages as necessary