



DNA Recognition Program Application

Complete separate application for each award/grant/scholarship

Award/Grant/Scholarship: _____

Nominee: _____

Address: _____

Phone: (H) _____ (W) _____ Email: _____

CRITERIA – Please check, describe, and include dates of all that apply. Attach extra pages if necessary. Include documentation such as copy of degree, certification, and other proof of participation.

1. Education (document all degrees)

2. Certification:

- Dermatology Nursing:
- Other Nursing:
- Other:

3. Years Active DNA Membership:

- 1-2 years
- 3-4 years
- 5-7 years
- 8-9 years
- 10 years or greater

4. Dermatology Experience:

- 1-2 years
- 3-4 years
- 5-7 years
- 8-9 years
- 10 years or greater

5. Professional Associations:

- DNA National Office
- Other Organization National Office
- DNA National Committee Chair
- DNA National Committee Member or Appointee
- National Convention Moderator or Guide
- DNA Local Chapter Involvement
- DNA Local Chapter Officer/Chair
- Committee Member DNA
- Membership in professional organizations other than DNA
- (State Nurses' Association, Sigma Theta Tau, other specialty)
- Officer/Board Member, local level, other professional organization
- Committee member other professional organization

6. Professional Volunteer Activities for the last 5 years: (not limited to these examples)

- Skin cancer screenings:
- Health fair activities:
- Community health events:
- Special camps or other health camps:
- Other:

7. Community Volunteer Activities for the last 5 years:

- Civic/community service activity:
- Church/Synagogue related activities:
- Other:

8. Professional Presentations/Publications:

- National – DNA:
- National – other:

- Regional/local – DNA:
- Regional/local – other:

- National Journal – Author JDNA:
- National Journal – Author other:

- Published Book – Author:
- Published Book - Editor:
- Published Book – Contributing Editor:

- Reviewer – DNA:
- Reviewer – other:

- Newsletters – DNA Focus Editor/Author:

- Other – Videos:
- Other – Pamphlets:
- Other – Internal teaching tools (staff or patient):
- Other -

9. Professional Awards/Honors/Grants/Scholarships:

- National:
- Regional/local:
- Other:

10. Specific Information: (please attach information per specific criteria)

APPLICATION MATERIALS MUST BE SUBMITTED AS SINGLE SIDED PAPER ONLY

Return application to:
DNA Recognition Program
15000 Commerce Pkwy, Suite C
Mt. Laurel, NJ 08054
Email: dna@dnanurse.org
Fax: 856-439-0525