



MEMBER'S SCHOLARSHIP POINT RECORD

Name: _____ Membership Number: _____

Address: _____

City: _____ Zip: _____ District: _____

	Value	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Attend District Meeting	5/month										
Attend District Workshop	5 per										
Attend Workshop in Another District	5 per										
Attend OPANA Seminar	20 per										
Attend OPANA Workshop	15 per										
Attend National Conference	25 per										
Write article for District Newsletter	5 per										
Write Article for OPANA Newsletter	10 per										
Current Member	15 per										
Chair District Committee	10/yr										
Hold OPANA Office	15/yr										
Serve on OPANA Board	10/yr										
Run for OPANA Office	10/yr										
CPAN/CAPA Certified	15 each year										
Recruit New Member	10 per										
Hours of OPANA Service	4/hour										
Total Points per Month											

Total Points: _____

Previous 2 Years Points: _____

Signature: _____

Date: _____



OHIO PERIANESTHESIA NURSES ASSOCIATION

State of Ohio Scholarship Application

Name: _____

Telephone: _____

Hospital Affiliation: _____

Position: _____

OPANA Seminar to be attended: Spring Fall

Scholarship Points Earned: _____ Amount Requested: _____

Accepted: Rejected:

District Scholarship Chairperson Signature: _____

Date: _____

OPANA Scholarship Chairperson Signature: _____

Date: _____

Instructions for the use of the Scholarship Record:

1. Submit the form to the District Scholarship Chairperson at least 6 weeks prior to the seminar.
2. One dollar per point earned will be awarded to the maximum of \$75.00 per year. Points may be accrued for 2 years.
3. District Scholarship Chairperson should total and verify the member's scholarship point record, sign and date this form and then forward to the OPANA Scholarship Chairperson.