

ANAC CHAPTER RECOGNITION AWARD APPLICATION FORM

Chapter Name:

Chapter Address:

City:      State:      Zip:

Current Chapter President:

Number of years the chapter has had an Active ANAC Chapter Charter:

How many active members does your chapter have:

All questions contained on the form must be answered as completely as possible. Examples of chapter initiatives, activities, or programs should be Listed.

1. How did your chapter provide leadership to the nursing community in matters related to HIV disease?

2. How did your chapter advocate in your community for persons with HIV disease?

3. How did your chapter show commitment to the prevention of further HIV disease within your community?

Link to Video:

I hereby agree for this chapter to be considered as an applicant for the ANAC Chapter Recognition Award.

Electronic Signature of Chapter President:      Date:

Daytime Phone:      Email: