

## Nurse Practitioners of Central Pennsylvania

**September 2010-August 2011**



**Membership Application**

Using email allows more timely communication of critical issues throughout the year, conserves our funds and streamlines the mailing process. If mail is requested, it will be sent via USPS to your home when feasible. Please indicate your preferred method of communication (check one): *Email*  *US Mail*

### Applicant Information

Last Name and Title:		First Name:	Middle Initial:
Street Address:	City:	State:	Zip Code:
Home Phone: ( )	Email Address:		
Employer:	Work Phone: ( )	Fax: ( )	
Employer Address:	City:	State/Zip Code:	
May we publish your information in our online and paperback directory?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

### Statistical Information

Education (Check the highest level attained):	BSN <input type="checkbox"/>	MSN <input type="checkbox"/>	PhD <input type="checkbox"/>	Other
Are you nationally certified? (Check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Area(s) of Natl. Certif.?	
What certification body? (Check one or more)	ANCC <input type="checkbox"/>	AANP <input type="checkbox"/>	PCNP <input type="checkbox"/>	Other
What is your specialty or specialties?	CRNP, CNM or RN License #			
Work setting (Check all that apply):	<i>Hospital</i> <input type="checkbox"/>		<i>Office</i> <input type="checkbox"/>	
<i>College Health</i> <input type="checkbox"/>	<i>Occupational Health</i> <input type="checkbox"/>	<i>Faculty</i> <input type="checkbox"/>	<i>Administration</i> <input type="checkbox"/>	
<i>Federal Health Ctr.</i> <input type="checkbox"/>	<i>Family Planning Ctr.</i> <input type="checkbox"/>	<i>ER</i> <input type="checkbox"/>	<i>Home Health</i> <input type="checkbox"/>	
<i>Retired</i> <input type="checkbox"/>	<i>Inactive</i> <input type="checkbox"/>	<i>Other</i> <input type="checkbox"/>		
Do you have prescriptive authority?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Do you have a DEA #?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Do you collaborate with a ...	MD <input type="checkbox"/>	DO <input type="checkbox"/>	Both <input type="checkbox"/>	
Do you have a written or verbal practice agreement (please specify which)?	Written <input type="checkbox"/>	Verbal <input type="checkbox"/>	N/A <input type="checkbox"/>	

### Membership

*The Nurse Practitioners of Central Pennsylvania is a member of the American Academy of Nurse Practitioners (AANP) and the Pennsylvania Coalition of Nurse Practitioners (PCNP). Your dues to the Nurse Practitioners of Central Pennsylvania include group membership in the AANP and \$100.00 to the PCNP (\$50.00 for students). If you have paid PCNP dues through another regional group, please indicate which group:*

Annual Dues (Check one):  
 \$135.00 NP  
 \$50.00 NP Students & Retirees

Please enclose your check payable to:  
**Nurse Practitioners of Central Pennsylvania**  
**P.O. Box 350**  
**Hummelstown, PA 17036-0350**

### Interested Areas of Participation

**Nurse Practitioners of Central Pennsylvania**

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Public Relations    Legislative    Program    By Laws    Nominating Committee