

PANHANDLE NURSE PRACTITIONERS ASSOCIATION

Membership Application for May 1, 2014-April 30, 2015

STATUS: APN (\$35.00) STUDENT (\$20.00)

☐ **NEW Membership**

NAME _____ EMAIL _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME PHONE _____ WORK _____ CELL _____

CERTIFICATION AREAS:

☐ ADULT ☐ COLLEGE HEALTH ☐ EMERGENCY ☐ FAMILY
☐ FAMILY PLANNING ☐ PEDIATRIC ☐ SCHOOL
☐ GERONTOLOGIC ☐ NEONATAL ☐ ONCOLOGY
☐ WOMEN'S HEALTH ☐ OTHER _____

PRACTICE: (CHECK ALL THAT APPLY)

☐ COLLEGE HEALTH ☐ EXTENDED CARE ☐ PRIMARY CARE
☐ HEALTH DEPT. ☐ SCHOOL OF NURSING ☐ HOME HEALTH ☐ HOSPITAL
☐ MILITARY ☐ HMO ☐ OUTPATIENT CLINIC ☐ PRIVATE PRACTICE
☐ SCHOOL ☐ RURAL CLINIC ☐ FAMILY PLANNING ☐ PRIVATE PHYSICIAN ☐
STUDENT ☐ OTHER _____

OTHER PROFESSIONAL AFFILIATIONS :(CHECK ALL THAT APPLY)

☐ AANP ☐ AWHONN ☐ NAPNAP ☐ TFPA ☐ NANPRH ☐ ACNP
☐ OTHER _____

TYPE OF NP PREPARATION: (CHECK ONE)

☐ CERTIFICATE ☐ MASTERS ☐ POST- MASTERS

NAME AND LOCATION OF SCHOOL WHERE NP TRAINING OCCURRED:

HIGHEST DEGREE: (CHECK ONE)

☐ BSN ☐ MS/MSN ☐ DNP ☐ PhD ☐ OTHER _____

CERTIFICATION: (CHECK ONE)

☐ AANC ☐ NCC ☐ AANP ☐ OTHER ☐ NONE

Are you recognized by the Texas BON as an APRN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have prescriptive authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you a member of TNP?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you want to be listed in chapter directory?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Would you be interested in serving on a committee?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Membership dues are APN (\$35.00) STUDENT (\$20.00)

PLEASE SEND CHECK OR MONEY ORDER TO:

PNPA

PO Box 50067

Amarillo, Texas 79159-0067

YOU MAY SEND JUST ONE CHECK FOR MEMBERSHIP AND SYMPOSIUM.