



Application for the HPNA State Ambassador Program

Date	<input type="text"/>
Name	<input type="text"/>
Address	<input type="text"/>
City/State	<input type="text"/>
Zip/Postal Code	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>
HPNA Membership Number	<input type="text"/>

Please provide us with some information about why you would like to become a State Policy Ambassador.

Please provide us with some information about your experience in policy advocacy at the local, state and/or national level.

Please tell us a little about your experience in hospice and/or palliative care and your practice setting.

Please check all that apply:

I am willing to serve as a State Ambassador

I am willing to serve as a regional representative.

Preferred mode of communication:

Email Phone Mail

Please mail this application and a recent resume/CV to the attention of the HPNA State Policy Ambassador Program.

Hospice and Palliative Nurses Association
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