

Three easy ways to join!

- Join online at advancingexpertcare.org
- Mail this application to 400 LYDIA STREET, SUITE 103, CARNEGIE, PA, 15106
- Fax this application to 412-787-9305

Full Name: _____
LAST FIRST MIDDLE INITIAL

Credentials: _____

Home Address: _____
STREET CITY STATE ZIPCODE

Home Phone: _____ Cell Phone: _____

Primary Email Address: _____

Secondary Email Address: _____

Date of Birth: _____ (MM/DD/YYYY) Gender: Female Male

Race: Black/African American Native American/Alaskan Native White/Caucasian Asian
 Native Hawaiian/Pacific Islander Other Choose not to identify

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Membership Level	1 Year	2 Year
RN	\$125	\$230
Retired RN (70 or older, no longer working in nursing)	\$60	\$115
LP/VN	\$90	\$165
Nursing Assistant	\$55	\$100
Student (Full-time student, Non-licensed)	\$0	
Associate (non-RN; ex: MSW, clergy, MD, Non-Voting Level)	\$125	
ADD Print Subscription for the Journal of Hospice and Palliative Nursing (6 issues/year)	\$14	\$28
ADD Tax deductible donation to the Hospice and Palliative Nurses Foundation	\$	\$

Total:

(All include online subscriptions to **Journal of Hospice and Palliative Nursing**)

Payment Information (please place a check in the box next to payment of your choice)

Check or Money Order

Check or Money Order in the amount of \$ _____

Make checks payable to HPNA. Foreign checks cannot be accepted. Non-U.S. residents, please pay by credit card.

Mail to: **HPNA**

400 Lydia Street
 Suite 103
 Carnegie, PA
 15106

Credit Card

Visa MasterCard Discover American Express

Credit Card # _____

Expiration (MM/YY): _____ Security Code (back of card): _____

Name as it appears on card: _____

Billing Address: _____

City/State/Zip: _____

Cardholder Signature: _____

Let's get to know you!

Highest Education

- High School Nursing Assistant Program Nursing Diploma from an accredited Nursing School/Program
 Associate's Degree - Nursing Bachelor's Degree - Nursing Master's Degree - Nursing Doctorate Degree - Nursing
 Associate's Degree Bachelor's Degree Master's Degree Doctorate Degree

Professional Experience

Employment Status:

- Full-Time Employee Retired
 Part-Time Employee Volunteer
 Full-Time Student Self-Employed
 Not Employed/Seeking Disabled

Employer: _____

Employer Phone # _____

Work Address: _____

Street _____

City _____ State _____ Zipcode _____

Primary employer (check one):

- Academic Institution Self (Private Practice)
 Association/Non-Profit Correctional Facility
 Hospice Facility Private Physician Practice
 Home Healthcare Agency Long-Term Care Facility
 Hospital of Acute Care Private or Public Company
 Government (Fed, State, Military, VA, NIH, etc.)
 Ambulatory Care/Out Patient Care Facility

Primary Facility Location (check one):

- Rural Suburban Urban

Primary Age Group Served (check one):

- Adult Pediatric Both

Which best describes the nature of your practice:

- Hospice Care Palliative Care Both

Primary Practice Setting (check one):

- Academic or Research Setting
 Hospice - Acute Care Facility
 Hospice - Community Based Clinical
 Non-Hospice - Acute Care Facility
 Non-Hospice - Community Based Clinical
 Palliative - Acute Care Facility
 Palliative - Community Based Clinical
 Do not see patients
 Organization of Association

What best describes your current occupation:

- Allied Therapist Chaplain
 Child Life Specialist Child Life Specialist
 Clinical Nurse Specialist Counselor
 LPN/LVN Nurse Practitioner
 Nursing Assistant Physician
 Psychologist Registered Nurse
 Social Worker Spiritual Counselor
 Volunteer

Which best describes your type of practice:

- Administrative
 Research
 Clinical
 Education
 Other

Total years in your profession:

- 0-2 years 11-15 years 26-30 years
 3-5 years 16-20 years + 30 years
 6-10 years 21-25 years N/A

Total years in hospice and palliative care:

- 0-2 years 11-15 years 26-30 years
 3-5 years 16-20 years + 30 years
 6-10 years 21-25 years N/A

Specialties:

- Behavioral Oncology
 Bioethics Organ Failure/Transplant
 Cardiac Palliative
 Critical Care/ICU Pediatric/Neonatal
 Chaplain/Spiritual Counsel Physical Therapy/Rehab
 Emergency Care Pulmonary/Respiratory
 Geriatrics Wound Care
 Hospice Renal/Nephrology
 Neurology Women's Services
 Non-Medical Business

Primary Licensure:

- Advanced Practice Registered Nurse (CNP, CRNA, CNM, CNS)
 Registered Nurse
 Licensed Practical/Vocational Nurse
 Affiliated Profession (Behavioral Therapist, OT, Social Work, Counseling)
 Pharmacist
 Physician Assistant (PA)
 Psychologist/Psychiatry
 Physician
 Certified Nursing Assistant
 Not Licensed/Does Not Apply

If choosing 'Advanced Practice Registered Nurse', please select:

- Certified Nurse Midwife Certified Nurse Practitioner Certified Registered Nurse Anesthetist Clinical Nurse Specialist

What membership benefits do you value most (select up to 3)

- CE-Tracking Local Chapters Newsletter
 Free eLearning Courses Member Pricing for HPNA Products Advocacy
 HPCC Certification Exam Fee Discount Journal of Hospice and Palliative Nursing Networking

Are you a member of an HPNA Chapter or Provisional Group? Yes No If yes, which chapter or group _____

How did you first learn about HPNA?

- Journal of Hospice and Palliative Nursing Other professional journal
 HPNA Chapter Meeting Colleague Employer Internet Other (Please specify) _____

Thank you for your membership and support of HPNA!

Your application will be processed within 24 hours of receipt, or one business day.