



# National Association of Pediatric Nurse Practitioners New Member Application

2009-2010

NAME \_\_\_\_\_ CREDENTIALS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-MAIL (H) \_\_\_\_\_ (W) \_\_\_\_\_

NP/CNS PROGRAM ATTENDING/GRADUATED \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_ SPECIALTY TRACT \_\_\_\_\_

## BACKGROUND INFORMATION (Please help us by checking all that apply.)

### A. PROFESSIONAL STATUS

- 1. Pediatric NP
- 2. Family NP
- 3. School NP
- 4. Neonatal NP
- 5. Acute Care PNP
- 6. CNS
- 7. Student
- 8. Other \_\_\_\_\_

### B. POSITION

- 1. Nurse Practitioner (any type)/Clinician
- 2. Clinical Nurse Specialist/Nurse Educator
- 3. Staff Nurse
- 4. Nurse Manager (Acute Care)
- 5. Coordinator/Case Manager
- 6. Administrator
- 7. Faculty (including adjunct)
- 8. Consultant
- 9. School Nurse
- 10. Lactation Consultant
- 11. Student/Retired/Not Working
- 12. Other \_\_\_\_\_

### C. CURRENT PRACTICE SETTING

- 1. Nursing School, College/Univ.
- 2. Acute Care/Critical Care (Hospital)
- 3. Hospital- Based Clinic
- 4. School (Grades K-12)/School Based Clinic
- 5. Child Care
- 6. Community/Public Health
- 7. Office Practice/Employee
- 8. Office Practice/Self-Employed
- 9. Emergency Department
- 10. Urgent Care/Walk In Clinic
- 11. Rehabilitation Facility
- 12. Student/Retired/Not Practicing
- 13. Retail Based Health Clinic
- 14. Other \_\_\_\_\_

### D. AREA OF PRACTICE (Choose one)

- 1. Primary Care (General Peds)
- 2. Primary Care (Family Medicine)
- 3. Acute Care/Critical Care
- 4. Specialty Care  
(Select answer in Section F)
- 5. Other \_\_\_\_\_

### E. PATIENT POPULATION

- 1. General Pediatrics (Ages 0-21)
- 2. Neonatal
- 3. Infants/Toddlers
- 4. School-ages
- 5. Adolescents
- 6. Young adults
- 7. Adults

### F. SPECIALTY

- 1. Behavioral
- 2. Cardiology (includes cardiovascular)
- 3. Dermatology
- 4. Endocrinology/Diabetes
- 5. ENT
- 6. Gastroenterology
- 7. Genetics
- 8. Genitourinary
- 9. Infectious Disease
- 10. Neurology/ Neurodevelopmental
- 11. OB/GYN
- 12. Oncology
- 13. Orthopedics
- 14. Psychiatry/Mental Health
- 15. Pulmonary/Respiratory
- 16. Special Needs
- 17. Adolescent
- 18. Other \_\_\_\_\_

### G. CERTIFICATION

- Certified by:
- 1. PNCB# \_\_\_\_\_
  - 2. PNCB-Acute Care NP# \_\_\_\_\_
  - 3. ANCC# \_\_\_\_\_
  - 4. NCC# \_\_\_\_\_
  - 5. Other \_\_\_\_\_

### H. ANNUAL SALARY

- 1. <\$30,000
- 2. \$30,001-\$35,000
- 3. \$35,001-\$40,000
- 4. \$40,001-\$45,000
- 5. \$45,001-\$50,000
- 6. \$50,001-\$55,000
- 7. \$55,001-\$60,000
- 8. \$60,001-\$65,000
- 9. \$65,001-\$70,000
- 10. \$70,001-\$75,000
- 11. \$75,001-\$80,000
- 12. \$80,001-\$85,000
- 13. \$85,001-\$90,000
- 14. \$90,001-\$95,000
- 15. \$95,001-\$100,000
- 16. > \$100,001

### I. I WORK

- 1. Full Time
- 2. Part Time
- 3. Unemployed

### J. MY DUES ARE PAID BY

- 1. My Employer
- 2. Myself

### K. EDUCATION

- 1. DNP
- 2. PhD
- 3. MSN
- 4. MS
- 5. BSN
- 6. BS
- 7. Post-Master's Certificate
- 8. NP Certificate Program (1971-1992)
- 9. Other \_\_\_\_\_

### L. YEARS OF PRACTICE AS APN

- 1. 0 – 5 years
- 2. 5 – 10 years
- 3. 10 – 15 years
- 4. 15 – 20 years
- 5. 20+ years

NAPNAP would like to understand the racial/ethnic background of its members and increase the diversity of its overall membership.

### M. PLEASE MARK THE GROUP WITH WHICH YOU PRIMARILY IDENTIFY YOURSELF:

- 1. Hispanic or Latino
- 2. White
- 3. Black or African American
- 4. Native Hawaiian or other Pacific Islander
- 5. Asian
- 6. American Indian
- 7. Multi-Racial
- 8. Other (please specify) \_\_\_\_\_

The NAPNAP fiscal year runs from July 1 to June 30. Renewal dues are payable to NAPNAP by the anniversary date on which you joined. \$6 of each member's dues is applied to a subscription to The Pediatric Nurse Practitioner. \$21.50 of each member's dues is applied toward a subscription to the Journal of Pediatric Health Care. Subscription prices cannot be deducted from dues paid. Contributions or gifts to the National Association of Pediatric Nurse Practitioners (NAPNAP) are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. NAPNAP estimates that the nondeductible portion of your dues for January 1, 2009 to December 31, 2009 allocable to lobbying is 8%. Dues for the 2009-2010 fiscal year are \$165 for Active, Fellow, and Associate memberships, and \$85 for Student, New Graduate, and \$65 for Retiree memberships. For administrative processing reasons, voting privileges will be based on membership year ending June 30. Back issues of publications will not be sent, but are available for purchase through Elsevier, Inc.

## TYPES OF MEMBERSHIP/MEMBERSHIP RATES (Check One)

- ACTIVE (\$165):** Active members have the privilege of voting, holding office and serving on committees and shall be one of the following: 1) Pediatric Nurse Practitioners (PNP), School Nurse Practitioners (SNP), Family Nurse Practitioners (FNP), Neonatal Nurse Practitioners (NNP) or Clinical Nurse Specialists (CNS) who are eligible for certification or have been certified by the Pediatric Nursing Certification Board, the American Nurses Credentialing Center, or the National Certification Corporation; 2) Registered Nursing Faculty members who prepare PNPs, SNPs, FNPs, NNPs, or CNSs as delineated above; or 3) Graduates of a PNP Certificate Program prior to 1992.
- FELLOW (\$165):** A NAPNAP Fellow is an Active member who has been certified as a Pediatric Nurse Practitioner by the Pediatric Nursing Certification Board or the American Nurses Credentialing Center.
- ASSOCIATE (\$165):** Associate members shall be any persons interested in fostering the objectives of the association. They shall not have the right to vote or hold office. Associate members may serve on committees or participate in Special Interest Groups in accordance with SIG policies.
- STUDENT (\$85):** Students are eligible for reduced dues if they are in their first NP/CNS program and if they are registered nurses currently enrolled in a program whose graduates may become active members as delineated above. All benefits except voting rights are included. *Student status is limited to three consecutive years.*
- NEW GRAD (\$85):** New Graduates are eligible for active membership at a reduced rate for the first year following the completion of their NP or CNS program. New Graduates receive all membership benefits.
- RETIREE (\$65):** Retirees from PNP or CNS Practice/Employment are eligible for membership at one-half the regular annual dues. A retiree must be age 62 years or older.

**CHAPTER MEMBERSHIP (Check One)**

**Your dues includes membership in one chapter.**

- Alabama
- Arizona
- Arkansas
- CA: Los Angeles
- CA: Orange County
- CA: Sacramento
- CA: San Diego
- CA: San Francisco
- CA: San Joaquin
- Colorado Rocky Mountain
- Connecticut
- MA: Eastern
- FL: Gulf Coast
- Florida
- Georgia
- Hawaii
- Illinois
- Indiana
- Iowa
- Maryland Chesapeake
- Michigan
- Minnesota
- MO: Greater Kansas
- MO: St. Louis
- NC: Charlotte
- NE: Midwest
- New Jersey
- NJ: Southern
- North Carolina
- NY: Greater
- NY: Long Island
- NY: Upstate
- NY: Western
- Ohio
- Oklahoma
- Oregon
- PA: Pennsylvania/Delaware Valley
- PA: Three Rivers
- South Carolina
- Tennessee
- TX: Greater
- TX: Houston
- TX: South Texas Alamo
- Utah
- VA: Hampton Roads
- VA: Northern
- Washington State
- Wisconsin
- eChapter
- No Chapter Affiliation

**SPECIAL INTEREST GROUPS (Optional)**

Members may also choose to join one of the Special Interest Groups (SIGS) listed below. SIGS dues are \$20.00 per year. Please visit the NAPNAP website for additional information about NAPNAP's SIGS. If you wish to join, please check which SIG(s) you want to join and add \$20 per SIG to your dues payment.

- Acute Care PNP
- Breastfeeding Education
- Child Care
- Childhood Literacy
- Child Maltreatment & Neglect
- Developmental, Behavioral & Mental Health
- Global Health Care
- Immunization
- Injury, Education and Prevention
- School Based Health Care
- Pediatric Orthopedic
- Childhood Obesity Prevention

**NEWSLETTER PREFERENCES**

Please indicate your preference for receiving the PNP Newsletter:  Electronic  Paper

**Mail Applications to:**

**NAPNAP**  
**20 Brace Road, Suite 200**  
**Cherry Hill, NJ 08034-2634**  
**Fax: 856/857-1600**  
**Call Toll-Free: 877/662-7627**  
**Visit: [www.napnap.org](http://www.napnap.org)**

**DONATION TO NAPNAP FOUNDATION**

The NAPNAP Foundation, Inc. is a 501(c)(3) organization. Gifts and contributions to the Foundation may be deductible. Please consult with your tax advisor.

- General  \$25  Other \$ \_\_\_\_\_ Gelman  \$25  Other \$ \_\_\_\_\_
- HEAT<sup>SM</sup>  \$25  Other \$ \_\_\_\_\_ KySS<sup>SM</sup>  \$25  Other \$ \_\_\_\_\_
- Research  \$25  Other \$ \_\_\_\_\_ Scholarships  \$25  Other \$ \_\_\_\_\_

**PAYMENT INFORMATION**

**Payment Method:**

- Check/Money Order  VISA  MasterCard  AMEX

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Credit Card Security Code (3 or 4 digits) \_\_\_\_\_

Name on Card (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

By signing, I confirm that I have read and understand the requirements for membership as stated above. I certify that I am eligible for the class of membership I have applied for and hereby apply for membership in NAPNAP.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**USE THIS BOX TO ADD YOUR SUB TOTALS FROM EACH SECTION**

**Membership Sub Total:** \$ \_\_\_\_\_

**Additional Chapter Fee:** \$ \_\_\_\_\_

(Add only if you wish to join more than one Chapter. See page 2. Rates per additional Chapter are: Members \$35, Students & New Grads \$20, Retirees \$15)

List Additional Chapter \_\_\_\_\_

\_\_\_ SIG's @ \$20 each: \$ \_\_\_\_\_

**Donation Sub Total:** \$ \_\_\_\_\_

**Total Amount:** \$ \_\_\_\_\_