

NURSE PRACTITIONERS OF NORTHEAST PA
Membership Application

Please Print ___ NEW MEMBER ___ RENEW MEMBERSHIP

NAME _____

ADDRESS _____

HOME PHONE _____ WORK _____

EMAIL ADDRESS _____

FULL MEMBER ___ STUDENT MEMBER ___ RETIREE MEMBER ___

DEGREE LEVEL BSN ___ MSN ___ PhD ___ OTHER ___

ARE YOU NATIONALLY CERTIFIED? YES ___ NO ___

IF YES BY: ANCC ___ AANP ___ PCNB ___ OTHER _____

WHAT IS YOUR AREA OF CERTIFICATION? _____

WHAT IS YOUR NP CERTIFICATION NUMBER? _____

WORK SETTING: Hospital ___ Office ___ ER ___ College ___
Home Health ___ Administration ___ Faculty ___ Federal Center ___
Family Planning Center ___ Occupational Health ___ Retired ___
Inactive ___ Other _____

DO YOU HAVE PRESCRIPTIVE AUTHORITY? YES ___ NO ___

DO YOU HAVE A DEA NUMBER? YES ___ NO ___

DO YOU COLLABORATE WITH A MD ___ DO ___ BOTH ___

DO YOU HAVE A WRITTEN PRACTICE AGREEMENT? YES ___ NO ___

DO YOU SERVE AS A PRECEPTOR? YES ___ NO ___

PLEASE MAIL COMPLETED APPLICATION AND CHECK PAYABLE TO "NURSE PRACTITIONERS OF NE PA" FOR \$125.00 (RETIREE/STUDENT) \$50 TO:

CHERYL A. FULLER
64 ELMCREST DRIVE
DALLAS, PA. 18612

Membership is from October to the following September in the current year with Annual Fee due by January 1st to remain an active member in the organization.