



# The Nurse Practitioner Association

## New York State

12 Corporate Drive, Clifton Park, NY 12065  
P: 518-348-0719 . F: 518-348-0720 . E: info@TheNPA.org . www.TheNPA.org

### NEW MEMBER APPLICATION

#### Welcome to The NPA!

We are your continuous voice in government and industry. Plus, you can begin immediately enjoying the benefits of networking, education, chapter affiliation, and a subscription to a valuable professional publication.

#### You'll Receive These Valuable Benefits

Your membership with The NPA will include a subscription to our quarterly publication The Communiqué, 'Members Only' access to our website, practice issue assistance as needed and discounted costs at our annual convention. For a complete listing of membership benefits, or to join online, please visit our website: [www.TheNPA.org](http://www.TheNPA.org)

#### Check out your nearest chapter

Your membership includes the benefit of belonging to a local chapter, where you can take advantage of numerous educational and informational opportunities. Please select your primary chapter affiliate from the list below.

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Adirondack             | <input type="checkbox"/> Finger Lakes              | <input type="checkbox"/> Long Island         | <input type="checkbox"/> Staten Island     |
| <input type="checkbox"/> Brooklyn/Queens        | <input type="checkbox"/> Greater Newburgh          | <input type="checkbox"/> Lower Hudson Valley | <input type="checkbox"/> Susquehanna       |
| <input type="checkbox"/> Capital                | <input type="checkbox"/> Greater Rochester         | <input type="checkbox"/> Manhattan/Bronx     | <input type="checkbox"/> Syracuse          |
| <input type="checkbox"/> Chautauqua/Cattaraugus | <input type="checkbox"/> Lake Ontario              | <input type="checkbox"/> Mohawk Valley       | <input type="checkbox"/> Thousand Islands  |
| <input type="checkbox"/> Dutchess/Ulster        | <input type="checkbox"/> Leatherstocking/Catskills | <input type="checkbox"/> Saratoga/Warren     | <input type="checkbox"/> Tompkins/Cortland |
|   |  |  | <input type="checkbox"/> Western New York  |

#### Please Print:

Credentials: \_\_\_\_\_

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Referred by (Member's Name): \_\_\_\_\_

#### Membership Categories and Fees (Please check appropriate box)

- Active 1-year \$200.00 Eligible for certification or certified NP in NYS
- Active 2-year \$360.00 Eligible for active members, with certification or certified NP in NYS **\$40 Savings!**
- Affiliate \$45.00 Individual who is not an NP, pending Board approval
- Student \$65.00 Enrolled in approved NP program, not certified as an NP (Student ID Required for Processing Membership)
- Retired \$65.00 Retired Nurse Practitioner

Total Membership  
Dues Enclosed:  
\$ \_\_\_\_\_

#### Payment Method

- Check or Money Order Enclosed (Made payable to: The NPA)
- Credit Card:**  American Express  Discover  MasterCard  Visa

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code (On Back of Card): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### How did you hear about us? (please choose only one):

##### STATE LEVEL

- Mailing
- E-Mail
- Phone
- Website
- Annual Convention
- Regional Conference

##### CHAPTER LEVEL

- Mailing
- E-Mail
- Website
- Phone
- Chapter Meeting
- Event

##### OTHER

- Colleague
- Place of Employment
- State Education Department
- NP School (please specify): \_\_\_\_\_

#### Please mail completed application to:

The Nurse Practitioner Association NYS, 12 Corporate Drive, Clifton Park, NY 12065 **OR** Fax to: 518-348-0720

Note: Pursuant to Federal Law, we are required to inform you that 30% of your dues may be used for lobbying & related expenses, which are not tax deductible. Political Action Committee (PAC) contributions are not tax deductible.

**1. NYS CERTIFICATION SPECIALTY**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Acute Care       | <input type="checkbox"/> School Health    | <input type="checkbox"/> Psychiatry              |
| <input type="checkbox"/> College Health   | <input type="checkbox"/> Adult Health     | <input type="checkbox"/> Women's Health          |
| <input type="checkbox"/> Family Health    | <input type="checkbox"/> Community Health | <input type="checkbox"/> Obstetrics & Gynecology |
| <input type="checkbox"/> Holistic Nursing | <input type="checkbox"/> Gerontology      | <input type="checkbox"/> Neonatology             |
| <input type="checkbox"/> Palliative Care  | <input type="checkbox"/> Oncology         | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> Perinatology     | <input type="checkbox"/> Pediatrics       |  |

**2. CREDENTIALS**

- |                               |                               |                                |
|-------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> FNP  | <input type="checkbox"/> WHNP | <input type="checkbox"/> CNP   |
| <input type="checkbox"/> ANP  | <input type="checkbox"/> CPNP | <input type="checkbox"/> WHCNP |
| <input type="checkbox"/> PNP  | <input type="checkbox"/> NNP  | <input type="checkbox"/> Other |
| <input type="checkbox"/> GNP  | <input type="checkbox"/> SNP  |                                |
| <input type="checkbox"/> OGNP | <input type="checkbox"/> NPP  |                                |

**3. POSITION**

- |                                      |  |                                     |
|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Clinician   | <input type="checkbox"/> Administrator/Nurse Manager | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Staff Nurse | <input type="checkbox"/> Faculty                     | <input type="checkbox"/> Other      |

**4. PRACTICE SETTING**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Nursing School, College/University | <input type="checkbox"/> Community/Public Health | <input type="checkbox"/> HMO                        |
| <input type="checkbox"/> Acute Care (Hospital Inpatient)    | <input type="checkbox"/> Industry                | <input type="checkbox"/> Emergency/Urgent Care      |
| <input type="checkbox"/> Hospital-Based Clinic              | <input type="checkbox"/> Private Practice        | <input type="checkbox"/> Rehabilitation/Urgent Care |
| <input type="checkbox"/> School (K-12)                      | <input type="checkbox"/> Child Care              | <input type="checkbox"/> Other                      |

**5. ANNUAL SALARY**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> < \$20,000        | <input type="checkbox"/> \$40,001-\$50,000 | <input type="checkbox"/> \$70,001-\$80,000 |
| <input type="checkbox"/> \$20,001-\$30,000 | <input type="checkbox"/> \$50,001-\$60,000 | <input type="checkbox"/> > \$80,000        |
| <input type="checkbox"/> \$30,001-\$40,000 | <input type="checkbox"/> \$60,001-\$70,000 |  |

**6. EDUCATION**

- |                                    |   |   |
|------------------------------------|---|---|
| <input type="checkbox"/> Doctorate | <input type="checkbox"/> BSN                      | <input type="checkbox"/> NP Certificate Program (1971-1992) |
| <input type="checkbox"/> MSN       | <input type="checkbox"/> BS                       | <input type="checkbox"/> Other                              |
| <input type="checkbox"/> MS        | <input type="checkbox"/> Post-Masters Certificate |   |

**7. WOULD YOU BE WILLING TO VOLUNTEER?**

- Yes  
 No  
 Please Contact me, I need more information

**8. VOLUNTEER CATEGORY**

- Membership  
 Conference/Convention  
 Grassroots Lobbying  
 Other

**9. WORK STATUS**

- Full Time  
 Part Time  
 Per Diem  
 Retired  
 Student

**10. DUES ARE PAID BY**

- My Employer  
 Myself  
 Shared with Employer

**11. NATIONAL CERTIFICATION**

- NCC  
 NAPNAP  
 ANCC  
 AANP  
 Other

**12. AREA OF PRACTICE**

Example: Cardiology, Gastroenterology

\_\_\_\_\_

**13. DATE OF BIRTH**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**14. GENDER**

- Female  
 Male

**15. OTHER PROFESSIONAL MEMBERSHIPS**

- NYSNA  
 ACNP  
 AANP
- Sigma Theta Tau  
 Other
- \_\_\_\_\_

**16. SCHOOL ATTENDED FOR NP**