

Full Name _____

Credentials _____

Home Address _____

Home Phone _____ Cell Phone _____

Primary Email Address _____

Secondary Email Address _____

Date of Birth (MM/DD/YYYY) _____

Which of the following genders do you most identify with?

☐ Female ☐ Male ☐ Non-Binary ☐ Transgender ☐ Prefer not to Indicate ☐ Other _____

How would you best describe yourself?

☐ Asian ☐ Black/African American ☐ Caucasian/White ☐ Native American/Alaskan Native

☐ Native Hawaiian/Pacific Islander ☐ Prefer not to Indicate ☐ Other _____

Are you of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No ☐ Prefer not to Indicate

MEMBERSHIP LEVEL

	1 YEAR	2 YEARS
<input type="checkbox"/> APRN (APRN, Voting)	\$155	\$295
<input type="checkbox"/> RN (Registered Nurses, Voting)	\$135	\$250
<input type="checkbox"/> LPN/VN (Voting)	\$97	\$180
<input type="checkbox"/> Nursing Assistant (Voting)	\$60	\$108
<input type="checkbox"/> Associate (non-RN, MSW, clergy, MD, Non-Voting)	\$135	
<input type="checkbox"/> Retired RN (70 or older, no longer working in nursing, Voting)	\$65	\$125
<input type="checkbox"/> Student (Full-time student, Non-licensed)	\$0	
<input type="checkbox"/> ADD *Print subscription for the <i>Journal of Hospice and Palliative Nursing</i> (6 issues/year)	\$14	\$28
<input type="checkbox"/> ADD Tax deductible donation to the Hospice and Palliative Nurses Foundation (HPNF)	\$	
TOTAL	\$	

*All levels include an **online** subscription to the *Journal of Hospice and Palliative Nursing*

PAYMENT INFORMATION Please check the box for the payment of your choice

☐ **Check or Money Order**

☐ **Credit Card**

In the Amount of \$ _____

☐ Visa

☐ MasterCard

☐ Discover

☐ American Express

Please make your check payable to HPNA.

Foreign checks cannot be accepted.

Non-United States residents, please pay by credit card.

Credit Card Number _____

Expiration (MM/YY) _____ Security (CVV) Code _____

Name as it Appears on Card _____

Billing Address _____

City/State/Zip _____

Cardholder Signature _____

Mail to:

HPNA
400 Lydia Street
Suite 103
Carnegie, PA 15106

GETTING TO KNOW YOU

HIGHEST EDUCATION

- | | |
|--|--|
| <input type="checkbox"/> Doctorate Degree - Nursing | <input type="checkbox"/> Doctorate Degree |
| <input type="checkbox"/> Master's Degree - Nursing | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Bachelor's Degree - Nursing | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Associate's Degree - Nursing | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> High School | <input type="checkbox"/> Nursing Assistant Program |
| <input type="checkbox"/> Nursing Diploma from an accredited nursing school/program | |

PROFESSIONAL EXPERIENCE

Employment Status

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

PRIMARY EMPLOYER (CHECK ONE)

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

WHAT BEST DESCRIBES YOUR CURRENT OCCUPATION?

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

Employer _____

Employer Phone Number _____

Work Address _____

City/State/Zip _____

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 or Association

WHAT BEST DESCRIBES YOUR TYPE OF PRACTICE?

- ☐ Administrative
- ☐ Clinical
- ☐ Education
- ☐ Research
- ☐ Other

TOTAL YEARS IN YOUR PROFESSION

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

TOTAL YEARS IN HOSPICE & PALLIATIVE CARE

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

PRIMARY LICENSURE

- ☐ Advanced Practice Registered Nurse
 - ☐ Certified Nurse Midwife
 - ☐ Certified Registered Nurse Anesthetist
- ☐ 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

MEMBERSHIP BENEFITS

Which membership benefits do you value most? (Select Three)

- ☐ CE Tracking
- ☐ Chapters
- ☐ Free eLearning Courses
- ☐ HPCC Certification Exam Fee Discount
- ☐ HPNA Newsletter
- ☐ Journal of Hospice and Palliative Nursing
- ☐ Member Pricing on HPNA Products
- ☐ 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?

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

SPECIALTIES

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

Note: Payment of membership dues is not tax deductible as a charitable contribution but may be tax deductible as an ordinary and necessary business expense. HPNA estimates 7% of membership dues are allocated to lobbying activities on behalf of its members and therefore, are nondeductible as a business expense. Please consult your tax advisor for further advice.