ANPD Washington: MEMBERSHIP APPLICATION

An affiliate of the ANPD (Association for Nursing Professional Development)

Membership is open to any person engaged in any aspect of professional development for nurses and other healthcare professionals.

Date: _______________

Membership Application: □ New Member   □ Renewal

Name & Credentials: ____________________________________________

Position/Job Title: _______________________________________________

Employer Name: ____________ ______________________________________

Preferred Mailing Address: _________________________________________

City: _______________________ State: _____________________________

Zip: ________________ Telephone: ____________________________

E-mail: ______________________

Are you currently a member of the National ANPD organization?
□ Yes  □ No

Do you hold professional certification in Nursing Professional Development?
□ Yes  □ No

Specialty/areas of NPD expertise you might contribute/ofer to present/share with ANPD WA members:
□ Onboarding/Orientation  □ Role Development
□ Competency Management  □ Collaborative Partnerships
□ Education  □ Research/EBP/QI
□ Other: ________________________________

How did you hear about ANPD WA?
□ Referred by: ____________________________  □ Facebook
□ ANPD.org site  □ Twitter
□ Internet search  □ Employer
□ Other: ________________________________  □ LinkedIn

Submit form and payment to:
ANPD Washington
c/o ANPD WA Treasurer
________________________________________
anpdwa@gmail.com

Annual Membership Fee
$50

A little more about you...

Education
□ Diploma in Nursing
□ Associate in Nursing
□ Bachelor’s in Nursing
□ Bachelor’s in another field
□ Master’s in Nursing
□ Master’s in Education
□ Master’s in another field
□ Doctorate in Nursing Science
□ Doctorate in Nursing Practice
□ Doctorate in Education
□ Doctorate in another field
□ Other: _______________

Employment setting
(select all that apply)
□ Academia
□ Acute care hospital
□ Ambulatory/outpatient care
□ Business/corporation
□ Government agency (i.e. VA)
□ Home Health
□ Informatics
□ Long Term Care
□ Military
□ Psychiatric hospital
□ Public Health
□ Rehab hospital
□ Research
□ School nursing
□ Subacute care hospital
□ Other: __________________

Department Type
□ Nursing education only
□ Patient care services/clinical areas
□ Hospital-wide education
□ Centralized department
□ Decentralized
□ Combination