

## 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:		A little more about you
Membership Application: 🗌 New Member 📄 Renewal		Education
Name & Credentials:		Diploma in Nursing
Name & Credentials:		□Associate in Nursing □Bachelor's in Nursing
Position/Job Title:		□Bachelor's in another field
Employer Name:		□Master's in Nursing
Preferred Mailing Address:		<ul> <li>Master's in Education</li> <li>Master's in another field</li> </ul>
City: State:		Doctorate in Nursing Science
Zip: Telephone:		Doctorate in Nursing Practice
		Doctorate in Education
E-mail:		Doctorate in another field
Are you currently a member of the Natio	onal ANPD organization?	□Other:
		Employment setting
Do you hold professional certification in Nursing Professional Development?		(select all that apply)
		□Academia □Acute care hospital
Consider / areas of NDD conservice you might contribute / offer to preserve / above		□Ambulatory/outpatient care
Specialty/areas of NPD expertise you might contribute/offer to present/share with ANPD WA members:		□Business/corporation
Onboarding/Orientation	□Role Development	□Government agency (i.e. VA)
Competency Management	□Collaborative Partnerships	□Home Health
	□Research/EBP/QI	□Informatics
□Other:		□Long Term Care
		□Military
		□Psychiatric hospital
How did you hear about ANPD WA?		DPublic Health
□Referred by:	□Facebook	□Rehab hospital
□ANPD.org site	□Twitter	□Research
□Internet search	□Employer	□School nursing
□Other:	DLinkedIn	□Subacute care hospital
		□Other:
Submit form and payment to:		Department Type
ANPD Washington	Annual Membership Fee	□Nursing education only
c/o ANPD WA Treasurer	450	□Patient care services/clinical
	\$50	areas
		□Hospital-wide education
anpdwa@gmail.com		□Centralized department
		Decentralized
		□Combination