



# Society of Pediatric Nurses Membership Application

Please fill out the information below as completely as possible. This information will be used to populate your personal record in the system, which may be updated online in the future. **NOTE: The email address you provide will be utilized to verify your account and password information.**

Email address (This will be your username): \_\_\_\_\_

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

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

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

Preferred mailing address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_ Please circle one: work or home

Please check if you want your name and address removed from SPN Affiliates' mailing list.

Year of birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Years of nursing experience: 0-5 6-10 11-15 16-19 20+

Anticipated graduation date (student members): \_\_\_\_ / \_\_\_\_

Membership Options (Select One)	Amount	Enter Your Amount
1 year Regular Membership	\$125	
2 year Regular Membership (\$20 savings)	\$220	
Associate Membership (for non-RN healthcare professionals)	\$80	
Student Membership (for students earning initial nursing degree)	\$80	
Retired Membership	\$80	
	<b>Membership Subtotal</b>	<b>\$</b>
<b>Membership Add-ons (Optional)</b>		
Chapter membership (view current listing at <a href="http://www.pedsnurses.org/chapters">www.pedsnurses.org/chapters</a> )	\$21	
Print Subscription to the <i>Journal of Pediatric Nursing</i> (an electronic subscription is included in your membership)	\$35	
	<b>Add-on Subtotal</b>	<b>\$</b>
	<b>TOTAL ENCLOSED</b>	<b>\$</b>

**Payment Method:**

Please mail checks (U.S. funds only) to SPN: [778611 Solution Center, Chicago IL 60677-8006](http://www.pedsnurses.org/join-spn) or visit [www.pedsnurses.org/join-spn](http://www.pedsnurses.org/join-spn) to pay by credit card. Please call the SPN National Office at (312) 321-5154 or email at [info@pedsnurses.org](mailto:info@pedsnurses.org) with any questions about SPN membership.

*Membership dues are not tax deductible as a charitable donation. They may be tax deductible as an ordinary and necessary business expense. Consult your tax advisor.*



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Please place a check next to the response that best applies to your professional activities in each column below:

<u>Professional position</u>	<u>Practice area (check all that apply)</u>	<u>Nursing Specialty Certification (check all that apply)</u>
<input type="checkbox"/> Administrator	<input type="checkbox"/> Administration/Management	<input type="checkbox"/> Acute Care Certified Pediatric Nurse Practitioner: CPNP-AC
<input type="checkbox"/> Care Coordinator	<input type="checkbox"/> Anesthesia/Pain Management	<input type="checkbox"/> Certified Asthma Educator: AE-C
<input type="checkbox"/> Case Manager	<input type="checkbox"/> Ambulatory/Outpatient/Public Health/Primary Care	<input type="checkbox"/> Certified Clinical Nurse Specialist: CCNS
<input type="checkbox"/> Clinical Specialist	<input type="checkbox"/> Burn Unit	<input type="checkbox"/> Certified Clinical Research Professional: CCRP
<input type="checkbox"/> Head Nurse/Department Manager	<input type="checkbox"/> Case Management/Discharge Planning	<input type="checkbox"/> Certified Diabetes Educator: CDE
<input type="checkbox"/> Instructor/Educator	<input type="checkbox"/> Critical Care (PICU, CVICU, etc.)	<input type="checkbox"/> Certified Emergency Room Nurse: CEN
<input type="checkbox"/> OR Nurse	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Certified in Infection Control: CIC
<input type="checkbox"/> Physician	<input type="checkbox"/> Emergency Department	<input type="checkbox"/> Certified Nurse Educator: CNE
<input type="checkbox"/> Staff Nurse	<input type="checkbox"/> General Medical-Surgical	<input type="checkbox"/> Certified Nurse Operating Room: CNOR
<input type="checkbox"/> Student	<input type="checkbox"/> General Medical	<input type="checkbox"/> Certified Orthopaedic Nurse: ONC
<input type="checkbox"/> Supervisor/Coordinator	<input type="checkbox"/> General Surgical	<input type="checkbox"/> Certified Pediatric Emergency Nurse: CPEN
<input type="checkbox"/> Other	<input type="checkbox"/> Hematology Oncology/Bone Marrow Transplant	<input type="checkbox"/> Certified Pediatric Hematology Oncology Nurse: CPHON
	<input type="checkbox"/> Home Health Care	<input type="checkbox"/> Certified Pediatric Nurse Practitioner: CPNP
	<input type="checkbox"/> Infection Control	<input type="checkbox"/> Certified Pediatric Nurse: CPN
	<input type="checkbox"/> Informatics	<input type="checkbox"/> Certified Pediatric Oncology Nurse: CPON
	<input type="checkbox"/> NICU	<input type="checkbox"/> Certified Post Anesthesia Nurse: CPAN
	<input type="checkbox"/> Operating Room/Procedure Room	<input type="checkbox"/> Certified Professional in Healthcare Quality: CPHQ
	<input type="checkbox"/> Palliative Care/Hospice	<input type="checkbox"/> Certified Registered Nurse First Assistant: CRNFA
	<input type="checkbox"/> Post-Anesthesia Care Unit	<input type="checkbox"/> Certified Registered Nurse Infusion: CRNI
	<input type="checkbox"/> Quality and Safety	<input type="checkbox"/> Certified Registered Nurse Practitioner: CRNP
	<input type="checkbox"/> Radiology	<input type="checkbox"/> Certified Wound Care Nurse: CWCN
	<input type="checkbox"/> Research	<input type="checkbox"/> Certified Wound, Ostomy, Continence Nurse: CWOCN
	<input type="checkbox"/> School Nursing	<input type="checkbox"/> Clinical Research Coordinator: CCRC
	<input type="checkbox"/> Transplant	<input type="checkbox"/> Critical Care Registered Nurse (Adult, Neonatal, and Pediatric Acute): CCRN
	<input type="checkbox"/> Transport	<input type="checkbox"/> Family Nurse Practitioner: NP-C
	<input type="checkbox"/> Other	<input type="checkbox"/> International Board Certified Lactation Consultant: IBCLC
		<input type="checkbox"/> Nurse Executive Board Certified: NE-BC
		<input type="checkbox"/> Nurse Executive Advanced Board Certified: NEA-BC
		<input type="checkbox"/> Primary Care Certified Pediatric Nurse Practitioner: CPNP-PC
		<input type="checkbox"/> Registered Nurse, Board Certified: RN-BC
		<input type="checkbox"/> Vascular Access, Board Certified: VA-BC
		<input type="checkbox"/> Wound Care Certified: WCC
		<input type="checkbox"/> Wound, Ostomy, Continence Nurse: WOCN
		<input type="checkbox"/> Other