



Preferred Address (for membership and meeting materials to be mailed): [] Home [] Work

Name
Credentials
Home Address
City State Zip Code
Telephone: Home/Cell
Email Address

Employer
Employer Address
City State Zip Code
Telephone: Work
Referred by (Name of DNA member)

DNA Membership Join or renew today and register at the member rates!

New Member Renewal
Nurse Practitioner • \$135.00
(Membership includes NP Society)
License #
State

Nurse • \$85.00
(RNs, LPNs, LVNs only)
License #
State

Associate • \$75.00
o Medical Assistant o Physicians Assistant
o Other, Please specify

Note: \$12.00 of membership dues is applied to a subscription of the Journal of the Dermatology Nurses' Association.

[] Check enclosed (payable to DNA in US funds)
[] Charge my [] AMEX [] M/C [] Visa
Card #
Exp. Date Amount \$
Signature

[] DNA occasionally makes available member information to organizations and vendors that provide products and services of value to the dermatology nursing community. If you prefer not to be included in these lists, please check the box provided.

DNA's membership year is January 1-December 31. For the first year of membership, all new members will have an expiration date of 12 months from the month joined. After the first year all memberships expire on December 31. Thank you for your membership!

Please provide the following demographic information, if applicable. Check all that apply.

1. Professional Status:

- [] RN
[] NP
[] LPN/LVN
[] Medical Assistant
[] Physicians Assistant

2. Employment:

- [] Full Time
[] Part Time
[] Not Employed
[] Retired
[] Student

3. Position:

- [] Staff Nurse
[] Head Nurse
[] Clinical Specialist
[] Supervisor / Coordinator
[] Instructor
[] Administrator
[] Research Nurse
[] Nurse Practitioner
[] Medical Assistant

4. Practice Setting:

- [] Inpatient Unit
[] Outpatient Clinic

- [] Extended Care Facility
[] Critical Care Unit
[] Physician's Practice
[] Day Care Unit
[] Phototherapy Unit
[] Dermatology Surgery
[] Other

5. Clinical Specialty:

- [] General Practice
[] Acne
[] Cosmetic Dermatology
[] Cutaneous Oncology
[] Dermatology Surgery
[] Geriatrics
[] Pediatrics
[] Phototherapy
[] Psoriasis
[] Reconstructive Surgery
[] Wound Healing

6. Highest Level of Education Completed:

- [] High School
[] Diploma-Nursing
[] Associate Nursing

- [] Associate Other
[] Bachelor's Nursing
[] Bachelor's Other
[] Master's Nursing
[] Master's Other
[] Doctorate

7. Are you a member of the American Nurses Associations? (Circle one)

- Yes No

8. YEARS IN DERMATOLOGY PRACTICE: (Circle one)

- 0-2 3-5
6-9 10-14
15-19 20+

9. Clinical Focus Groups:

- [] Cosmetic Dermatology
[] CTCL/Photopheresis
[] Office Management
[] Lasers
[] Medical Dermatology
[] Pediatrics
[] Phototherapy

- [] Psoriasis
[] Skin Cancer/Surgery
[] Clinical or Nursing Research
[] Wound Care

10. How did you learn about the DNA?

- [] Dermatologist
[] DNA Chapter Meeting
[] DNA Chapter Email
[] DNA Chapter Ad/Press Release
[] DNA Chapter Social Media Network
[] DNA Convention
[] DNA Member Referral
[] DNA Website
[] Facebook
[] Industry Representative
[] JDNA
[] LinkedIn
[] Nursing School Event
[] Other DNA Education
[] Twitter
[] Other

Additional questions for Nurse Practitioner Members:

A. Area of NP Specialty Certification:

- [] Adult
[] Family
[] Pediatrics
[] Women's Health
[] Geriatrics

B. Area of Current Practice:

- [] General Dermatology
[] Dermatologic Surgery
[] Cosmetic Surgery
[] Primary Care

C. Does Your State:

- [] Require you to practice with a supervising physician?
[] Require you to practice with a collaborating physician?

- [] Allow you to practice as a licensed independent practitioner (LIP)?

D. What is the specialty of your supervising physician, if applicable:

- [] Dermatology
[] Pediatrics
[] Cosmetic Surgery
[] Moh's Surgery
[] Pathology
[] Family Medicine
[] Pediatric Dermatology
[] Plastic Surgery
[] Cutaneous Oncology
[] Research

E. Do you have prescriptive authority? (Circle one)

- Yes No