### Dermatology Nurses’ Association

**www.dnanurse.org**

**PLEASE UPDATE YOUR INFORMATION**

---

**Preferred Address (for membership and meeting materials to be mailed):**

- [ ] Home
- [ ] Work

<table>
<thead>
<tr>
<th>Name</th>
<th>Credentials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone: (indicate by circling which) Home/Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

---

**DNA Membership**

Join or renew today!

<table>
<thead>
<tr>
<th>New Member</th>
<th>Renewal</th>
</tr>
</thead>
</table>

- [ ] Nurse Practitioner
- $165 1yr/$297 2yr *(Membership includes NP Society)*
- License #________________ State ___________________

- [ ] Nurse
- $105 1 yr./$189 2 yr. *(RNs, LPNs, LVNs only)*
- License #________________ State ___________________

- [ ] Associate
- $90 1 yr. / $162 2 yr.
  - [ ] Medical Assistant
  - [ ] Physicians Assistant
  - [ ] Other, please specify____________________

**Note:** $12.00 of membership dues is applied to a subscription of the *Journal of the Dermatology Nurses’ Association*. **All Payments in U.S. Dollars**

---

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

- [ ] Professional Status:
  - [ ] RN
  - [ ] NP
  - [ ] LPN/LVN
  - [ ] Medical Assistant
  - [ ] Physicians Assistant

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

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

- [ ] Practice Setting:
  - [ ] Inpatient Unit
  - [ ] Outpatient Clinic

---

**1. Gender:***

- [ ] Male
- [ ] Female

---

**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

**5. 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?

---

**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 posts our new member’s name, city, stand, and credentials in a “Welcome Section” on our media sites. If you prefer, we will not post your information, please check the box provided.

---

**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__________________________

**11. Clinical Focus Groups:**

- [ ] Cosmetic Dermatology
- [ ] CTCL/Photopheresis
- [ ] Office Management
- [ ] Lasers
- [ ] Medical Dermatology
- [ ] Pediatrics
- [ ] Phototherapy
- [ ] Psoriasis
- [ ] Skin Cancer/Surgery
- [ ] Clinical or Nursing Research
- [ ] Wound Care

**Note:** Please update your information at www.dnanurse.org

---

**www.dnanurse.org**

**Dermatology Nurses**

**Join or renew today!**

- [ ] Check enclosed *(payable to DNA in US funds)*
- [ ] Charge my
  - [ ] AMEX
  - [ ] M/C
  - [ ] Visa

**Card #:__________ Amount $______________**

**Exp. Date__________**

**Print Name__________________________**

**Signature__________________________**

---

**Allow you to practice as a licensed independent practitioner (LIP)?**

- [ ] Yes
- [ ] No

---

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

- [ ] Yes
- [ ] No

---

**Note: $12.00 of membership dues is applied to a subscription of the *Journal of the Dermatology Nurses’ Association*. **All Payments in U.S. Dollars**