



Dermatology Nurses' Association

www.dnanurse.org

435 N. Bennett Street
Southern Pines, NC 28387
800-454-4DNA
fax 910-246-2361
www.dnanurse.org
dna@dnanurse.org

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

Name _____ Credentials _____

Home Address _____

City _____ State _____ Zip Code _____

Telephone: (indicate by circling which) 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	<input type="checkbox"/>	<input type="checkbox"/>
\$135 1yr/\$243 2yr	<i>(Membership includes NP Society)</i>	
License # _____	State _____	
Nurse	<input type="checkbox"/>	<input type="checkbox"/>
\$85 1 yr/\$153 2 yr	<i>(RNs, LPNs, LVNs only)</i>	
License # _____	State _____	
Associate	<input type="checkbox"/>	<input type="checkbox"/>
\$75 1 yr/ \$135 2 yr		
<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> Physicians Assistant	
<input type="checkbox"/> 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

Check enclosed (*payable to DNA in US funds*)

Charge my _____ AMEX M/C Visa

Card # _____

Exp. Date _____ Amount \$ _____

Print Name _____

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

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
- Dermatologic 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