



Committee Volunteer Form

Contribute your expertise to an ACNP Committee!

Take advantage of this great opportunity to make a difference and help direct ACNP's activities over the next year. I am interested in volunteering to serve on the following ACNP committee(s) in 2010:

- Education Committee** - manages ACNP educational initiatives; assists with educational component of the National Clinical Conference
- Membership Committee** - provides guidance and direction for membership recruitment and retention
- National Clinical Conference Planning Committee** - provides oversight and logistical support for the National Clinical Conference
- Practice and Professional Issues Committee** - evaluates important NP issues and recommends action
- Public Policy Committee** - coordinates policy, advocacy and regulatory issues
- Research Committee** - directs ACNP research activities
- Any Committee / Anywhere I'm Needed**

Please describe your interest in the committee(s) that you selected (use the back of this sheet if necessary):

Your information (please print clearly)

First Name: _____ MI: _____ Last Name: _____

Street Address: _____ City/State/Zip: _____

Daytime Phone: _____ Is this number your: Work _____ Home _____ Cell _____

Email: _____ ACNP Member Number: _____

Specialty:

<input type="checkbox"/> Acute Care	<input type="checkbox"/> Pediatric
<input type="checkbox"/> Adult	<input type="checkbox"/> Psych/Mental Health
<input type="checkbox"/> Family	<input type="checkbox"/> Women's Health
<input type="checkbox"/> Gerontological	<input type="checkbox"/> Other: _____ (please specify)

Practice Setting (Check all that apply):

<input type="checkbox"/> College/School Health	<input type="checkbox"/> Hospital
<input type="checkbox"/> Community Health Center	<input type="checkbox"/> Long-Term Care
<input type="checkbox"/> Correctional/Prison Facility	<input type="checkbox"/> Military
<input type="checkbox"/> Emergency Rm/Urgent Care	<input type="checkbox"/> Private Practice
<input type="checkbox"/> Home Health Agency	<input type="checkbox"/> Psych/Mental Center
<input type="checkbox"/> Hospice/Palliative Care	<input type="checkbox"/> Other: _____ (please specify)

Return this form to:

ACNP
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Arlington, VA 22209

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