



**Advanced Practitioner
Society for Hematology
and Oncology**

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3 EASY WAYS TO JOIN

- Join online and pay with your credit card at www.apsho.org
- Call us at 609-832-3000
- Mail this application form with your check or money order

PLEASE PROVIDE YOUR INFORMATION

First Name* _____ M.I. _____
 Last Name* _____
 Email* _____
 Mobile Number* _____

Home Address

Address _____
 Address 2 _____
 City _____
 State _____ Postal Code _____
 Phone Number _____

Work Address

Organization Name _____
 Professional Title _____
 Self Employed Yes No
 Address _____
 Address 2 _____
 City _____
 State _____ Postal Code _____
 Phone Number _____

Preferred Mailing Address (Choose one) Home Work

MEMBERSHIP TYPE (Select One)

Professional Membership 1 YEAR \$75.00 2 YEAR \$120.00
Associate Membership 1 YEAR \$200.00
Student Membership 1 YEAR \$50.00

Payment Information
 Check or money order enclosed in the amount of \$ _____
 Make check payable to *the Advanced Practitioner Society for Hematology and Oncology* and mail to the address at the top of this form.

Referred By _____
See APSHO.org for membership type descriptions

PROFESSIONAL INFORMATION

State of licensure _____

Highest Level of Current Licensure (Check one)

- Nurse Practitioner Physician Assistant
- Registered Nurse Registered Pharmacist
- Not Applicable

Practice Type (Check one)

- Academic/University Medical Center Managed Care
- Comprehensive Cancer Center Community-based Office
- Government/VA Community-based Hospital
- Pharma/Biotech Company Research
- Other _____

Advanced Practice Certifications (Check all that apply)

- CNS OCN
- AOCN AOCNP
- AOCNS ARNP
- NP: Acute Care PA-C
- NP: Adult/Geriatric FNP
- BCOP Residency, oncology pharmacy
- Fellowship, oncology pharmacy Other _____
- Not Applicable

Degrees Attained (Check all that apply)

- BA MPH
- BPharm MS
- BS MSc
- BSc MSN
- BSN PhD
- CNS PharmD
- MA Other

Do you prescribe medication? Yes No

Number of patients you typically see per day (Check one)

- 1-10 11-20 20-25 25+ None

Are you a member of other societies? (Check all that apply)

- AANP ASHP
- AAPA ASTRO
- ANA HOPA
- APAO MASCC
- ASBMT ONS
- ASCO Other
- ASH

Are you interested in participating as a *mentor* to new advanced practitioners? Yes No

Would you like to participate as a *mentee* and be paired with an experienced mentor? Yes No

Your EXPERTISE

- Bladder/urothelial cancer
- Bone cancer (sarcoma)
- Breast cancer
- Cachexia
- Central nervous system tumors
- CINV
- Cervical cancer
- Colorectal cancer
- Complementary and alternative medicine
- Esophageal cancer
- Gastric cancer
- Genetics/Genetic counseling
- Genitourinary cancer
- Gynecologic cancer (not ovarian or cervical)
- Head and neck cancer
- Hepatobiliary cancer
- Kidney or renal cell cancer
- Leukemia, acute lymphocytic
- Leukemia, acute myeloid
- Leukemia, chronic lymphocytic
- Leukemia, chronic myeloid
- Lung cancer, non-small-cell
- Lung cancer, small-cell
- Lymphoma, Hodgkin
- Lymphoma, non-Hodgkin

Your AREA of INTEREST

- Multiple myeloma
- Myelodysplastic syndrome
- Myeloproliferative Neoplasms
- Neuroendocrine tumors
- Nutrition in oncology
- Oncologic emergencies
- Ovarian cancer
- Palliative care
- Pancreatic cancer
- Pediatric cancer
- Prevention/Screening
- Prostate cancer
- Psychological oncology
- Public policy/cost of care
- Radiation oncology
- Research/clinical trials
- Skin cancer, basal cell
- Skin cancer, melanoma
- Skin cancer, squamous cell
- Surgical oncology
- Survivorship
- Symptom management
- Testicular cancer
- Thymic carcinomas
- Thyroid cancer
- Toxicities from treatment
- Not Applicable