



**Advanced Practitioner
Society for Hematology
and Oncology**

3131 Princeton Pike
Bldg 1, Suite 205
Lawrenceville, NJ 08648
609-832-3000 • Fax: 631-449-7969
info@apsho.org • www.apsho.org

3 EASY WAYS TO RENEW

- Renew 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* _____
 Gender M F Birthday (MM/DD/YYYY) _____

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

*Name of School _____
 *Your Major _____
 *Expected Graduation Year _____

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

PRINT SUBSCRIPTIONS

Request print subscriptions to (Check all that apply)

- Journal of the Advanced Practitioner in Oncology (JADPRO)
- The quarterly APSHO Advance Newsletter
- JNCCN—Journal of the National Comprehensive Cancer Network
- The ASCO Post
- The Journal of Oncology Practice (JOP)

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)

- ADN MPH
- BA MS
- BPharm MSc
- BS MSN
- BSc PhD
- BSN PharmD
- DNP Other _____
- MA

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



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PROFESSIONAL INFORMATION (cont.)

Your EXPERTISE Your AREA of INTEREST

- | | |
|---|---|
| <input type="checkbox"/> <input type="radio"/> Bladder/urothelial cancer | <input type="checkbox"/> <input type="radio"/> Myelodysplastic syndromes |
| <input type="checkbox"/> <input type="radio"/> Bone cancer (sarcoma) | <input type="checkbox"/> <input type="radio"/> Myeloproliferative Neoplasms |
| <input type="checkbox"/> <input type="radio"/> Breast cancer | <input type="checkbox"/> <input type="radio"/> Neuroendocrine tumors |
| <input type="checkbox"/> <input type="radio"/> Cachexia | <input type="checkbox"/> <input type="radio"/> Nutrition in oncology |
| <input type="checkbox"/> <input type="radio"/> Central nervous system tumors | <input type="checkbox"/> <input type="radio"/> Oncologic emergencies |
| <input type="checkbox"/> <input type="radio"/> Cervical cancer | <input type="checkbox"/> <input type="radio"/> Ovarian cancer |
| <input type="checkbox"/> <input type="radio"/> CINV | <input type="checkbox"/> <input type="radio"/> Palliative care |
| <input type="checkbox"/> <input type="radio"/> Colorectal cancer | <input type="checkbox"/> <input type="radio"/> Pancreatic cancer |
| <input type="checkbox"/> <input type="radio"/> Complementary and alternative medicine | <input type="checkbox"/> <input type="radio"/> Pediatric cancer |
| <input type="checkbox"/> <input type="radio"/> Esophageal cancer | <input type="checkbox"/> <input type="radio"/> Prevention/Screening |
| <input type="checkbox"/> <input type="radio"/> Gastric cancer | <input type="checkbox"/> <input type="radio"/> Prostate cancer |
| <input type="checkbox"/> <input type="radio"/> Genetics/Genetic counseling | <input type="checkbox"/> <input type="radio"/> Psychological oncology |
| <input type="checkbox"/> <input type="radio"/> Genitourinary cancer | <input type="checkbox"/> <input type="radio"/> Public policy/cost of care |
| <input type="checkbox"/> <input type="radio"/> Gynecologic cancer (not ovarian or cervical) | <input type="checkbox"/> <input type="radio"/> Radiation oncology |
| <input type="checkbox"/> <input type="radio"/> Head and neck cancer | <input type="checkbox"/> <input type="radio"/> Research/clinical trials |
| <input type="checkbox"/> <input type="radio"/> Hepatobiliary cancer | <input type="checkbox"/> <input type="radio"/> Skin cancer, basal cell |
| <input type="checkbox"/> <input type="radio"/> Kidney or renal cell cancer | <input type="checkbox"/> <input type="radio"/> Skin cancer, melanoma |
| <input type="checkbox"/> <input type="radio"/> Leukemia, acute lymphocytic | <input type="checkbox"/> <input type="radio"/> Skin cancer, squamous cell |
| <input type="checkbox"/> <input type="radio"/> Leukemia, acute myeloid | <input type="checkbox"/> <input type="radio"/> Surgical oncology |
| <input type="checkbox"/> <input type="radio"/> Leukemia, chronic lymphocytic | <input type="checkbox"/> <input type="radio"/> Survivorship |
| <input type="checkbox"/> <input type="radio"/> Leukemia, chronic myeloid | <input type="checkbox"/> <input type="radio"/> Symptom management |
| <input type="checkbox"/> <input type="radio"/> Lung cancer, non-small cell | <input type="checkbox"/> <input type="radio"/> Testicular cancer |
| <input type="checkbox"/> <input type="radio"/> Lung cancer, small cell | <input type="checkbox"/> <input type="radio"/> Thymic carcinomas |
| <input type="checkbox"/> <input type="radio"/> Lymphoma, Hodgkin | <input type="checkbox"/> <input type="radio"/> Thyroid cancer |
| <input type="checkbox"/> <input type="radio"/> Lymphoma, non-Hodgkin | <input type="checkbox"/> <input type="radio"/> Toxicities from treatment |
| <input type="checkbox"/> <input type="radio"/> Multiple myeloma | <input type="checkbox"/> <input type="radio"/> Not Applicable |