

PUSH Tool Registration Form

To register as a PUSH Tool User and receive a link for download, please print this form, fill out the information, and email to ana@npuap.org.

Alternatively, the form can be mailed to:

<p style="text-align: center;">NPUAP 4 Lan Drive Suite 310 Westford, MA 01886 <u>OR</u> FAX completed form to 978-250-1117</p>
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Name: _____
Title: _____
Institution: _____
Address: _____
City: _____ State: _____ Zip: _____
Work Phone: _____
E-mail: _____

I plan to use the PUSH Tool for (check all that apply):

Clinical Practice Education Research Other

I plan to use the PUSH Tool in (check all that apply):

Long Term Care Facility Skilled Nursing Facility Rehabilitation Facility
 Subacute Care Facility Acute Care Facility Ambulatory Care Setting
 Wound Care Center Home Care
 Other (Please specify): _____

Please describe here the specifics of in what format the tool will be used (i.e. in training materials, in a book / journal, in software, etc.): _____

Please note our charges policy below for a cost estimate. Final decisions as to which category your request falls under will be made by NPUAP.

Charges for use of PUSH Tool (passed by BOD 2/17/05)

-\$0 for inclusion in agency policy manual for staff training, for a journal article, or as a tool as part of a research study by an individual

-\$100 fee for educational use (e.g., textbook for sale)

-\$250 fee for individual nursing home, hospital, or home care agency

-\$1000 fee for use by a forms company (either for placement on a web site or general use)

-\$1000 fee for use by a health care facility SYSTEM

-Software/electronic programs: We will contact you to discuss a quote.

Signature

Yes, I have read and signed the PUSH Tool Information Form and agree to abide by NPUAP's copyright restrictions. I understand that I have the right to purchase or not purchase the tool once I receive a quote, and that I will not be counted as a registered user if I decline to purchase the tool. I also certify that my statements above are truthful, and that any misrepresentation of my intended use may result in a violation of NPUAP copyright policy.

Print Name: _____

Signature: _____

Date: _____