



**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 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* _____ Birthday _____

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

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)

EMAIL SUBSCRIPTIONS

I want to receive e-mailed information about:

- APSHO Member Benefit Communications
- Journal of the Advanced Practitioner in Oncology and related programs
- JADPRO Live and related programs
- The ASCO Post and The ASCO Post Evening News and related programs
- JNCCN—Journal of the National Comprehensive Cancer Network and related programs
- Journal of Oncology Practice and related programs
- Harborside Medical Education CE/CME opportunities

PROFESSIONAL INFORMATION

State of licensure _____

Highest Level of Current Licensure (Check one)

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

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

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

Are you interested in participating in the APSHO Mentorship Program? Mentor Mentee Both

Your EXPERTISE

Your AREA of INTEREST

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

MEMBERSHIP TYPE

Professional 1 YEAR \$75.00 2 YEAR \$120.00

Associate 1 YEAR \$200.00 • **Student** 1 YEAR \$50.00

Make check payable to *the Advanced Practitioner Society for Hematology and Oncology* and mail to the address at the top of this form.

See APSHO.org for membership type descriptions