

## **NPCNA MISSION**

V To provide educational opportunities for Nurses caring for patients with acquired or congenital heart disease.

IV To facilitate communication among pediatric cardiovascular nurses.

IV To foster nursing research to validate the science of pediatric cardiovascular nurses.

## **MEMBER BENEFITS**

IV Subscription to bi-annual Newsletter

IV Advance notice of educational program and discounted registration fee.

IV Eligibility for Excellence in Pediatric Cardiovascular Nursing Scholarship

IV Network with colleagues and experts in pediatric cardiovascular nursing

## **MEMBER CATEGORIES**

**Active Member:** Any registered nurse who cares for or is interested in the care of children with acquired or CIA is eligible for membership. Active members may vote and hold office.

**Associate Member:** Any non-registered nurse or allied health professional who cares for or is interested in the care of children with acquired or CI-1D is eligible for membership. Associate members do not have voting privileges and may, not hold office.'

## **NPCNA COMMITTEES**

### **Program Committee**

Members actively participate in program planning, development, and coordination. Committee members serve as liaisons to speakers and mentors for the novice speaker.

### **Newsletter Committee**

The primary role of the Newsletter committee member is to identify / solicit potential authors for each edition. Members may be asked to submit articles for specific editions. Committee members also serve as mentors for new authors and work closely with the Editor to develop the bi-annual editions.

### **Research Committee**

Committee members serve as resources to NPCNA members who are interested in beginning a research project or for those currently engaged in active research. Committee members are encouraged to submit articles for the Research Column of the Newsletter.

### **Hospital Liaison Committee**

Members actively represent NPCNA in their clinical areas and promote NPCNA locally. Committee members maintain the lines of communication between the Association and members or potential members. Members may be asked to identify or solicit potential speakers for NPCNA programs and authors for the Newsletter

## **MEMBERSHIP APPLICATION**

Please complete all sections of this application

Name \_\_\_\_\_

Credentials \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State Zip \_\_\_\_\_

Tel (H) \_\_\_\_\_

Tel(w) \_\_\_\_\_

E-Mail \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

**Membership Fee : \$40.00/yr (circle one)**

New Member  
Active

Renew  
Associate

**Checks are payable to: NPCNA**

**Please mail to: NPCNA**

**PO Box 261**

**Brookline MA 02446**

**I am interested in joining/continuing as an active member on the following committee(s):**

**Program**

**Hospital Liaison**

**Newsletter**

**Research**