

## GSAC-AALNC CHAPTER MEMBERSHIP APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Business Name: \_\_\_\_\_

*(Please check one to indicate which address you prefer your mail sent, and fill in both addresses below.)*

Preferred Mailing Address: \_\_\_\_\_ Business \_\_\_\_\_ Home

Business Address: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

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

Business #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Home #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Address \_\_\_\_\_

Employer: \_\_\_\_\_

### TYPE OF MEMBERSHIP DESIRED:

- \_\_\_\_\_ **Active:** A Registered Nurse maintaining an active license, who is working in a consulting capacity in the legal field.
- \_\_\_\_\_ **Associate:** A Registered Nurse maintaining an active license, who is interested in the goals and activities of GSAC-AALNC, but has NOT worked in a consulting capacity during the previous 12 months.
- \_\_\_\_\_ **Sustaining:** An individual who practices law or any other individual, business, organization or facility with an interest in the goals and activities of GSAC -AALNC.

### Regarding the GSAC-AALNC Membership Directory:

- \_\_\_\_\_ **I AUTHORIZE** publication of information contained within this application in the GSAC-AALNC Membership directory.
- \_\_\_\_\_ **I DO NOT authorize** publication of information contained within this application in the GSAC-AALNC Membership directory.

### Regarding the GSAC-AALNC WebSite:

- \_\_\_\_\_ **I AUTHORIZE** publication of information contained within this application on the GSAC-AALNC WebSite.
- \_\_\_\_\_ **I DO NOT authorize** publication of information contained within this application on the GSAC-AALNC WebSite.

**YOUR LACK OF RESPONSE WILL BE INTERPRETED AS AUTHORIZATION**

## LOCAL CHAPTER ORGANIZATIONAL INTERESTS

Please indicate the committees that are of interest to you:

Membership       Publications       Education       Speaker's Bureau  
 Finance       Ethics       Public       Relations/Marketing

**Annual dues:** \$50.00/year, January-June, \$25.00 July-December.

Please make check payable to: **GSACAALNC**, and mail to:

Greater Sacramento Area Chapter of the AALNC  
P.O. Box 660011  
Sacramento, CA 95866-0011

I certify that this application was reviewed by me, and that all entries and information are true and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*NOTE: IN ORDER FOR THIS INFORMATION TO BE PROCESSED, THIS APPLICATION MUST BE COMPLETE. YOUR SIGNATURE IS REQUIRED.*

### CATEGORIES OF SPECIALIZATION (FOR WEBSITE)

(select all that you would like included in your listing)

<input type="checkbox"/> ADMINISTRATIVE HEALTH CARE LAW	<input type="checkbox"/> MEDICAL RECORD FACT EXPERT
<input type="checkbox"/> BILLING AUDITS AND ANALYSIS	<input type="checkbox"/> MEDICARE MEDI -CAL MEDI-CAID
<input type="checkbox"/> CARDIAC CARE	<input type="checkbox"/> MENTAL HEALTH
<input type="checkbox"/> CASE MANAGEMENT	<input type="checkbox"/> MIDWIFERY
<input type="checkbox"/> CHRONIC PAIN	<input type="checkbox"/> MINOR TRAUMA
<input type="checkbox"/> CRIMINAL	<input type="checkbox"/> NEONATAL CARE
<input type="checkbox"/> CRITICAL CARE	<input type="checkbox"/> NEUROLOGICAL TRAUMA/CARE
<input type="checkbox"/> CORRECTIONAL MEDICINE	<input type="checkbox"/> NEUROSURGICAL CARE
<input type="checkbox"/> DEVELOPMENTAL DISABILITY	<input type="checkbox"/> OBSTETRICS AND GYNECOLOGY
<input type="checkbox"/> DIABETES/DIABETES EDUCATION	<input type="checkbox"/> OCCUPATIONAL HEALTH
<input type="checkbox"/> DRUG REHABILITATION	<input type="checkbox"/> PEDIATRICS
<input type="checkbox"/> ELDER CARE LAW	<input type="checkbox"/> PERI-ANESTHESIA
<input type="checkbox"/> EMERGENCY MEDICINE	<input type="checkbox"/> PERI-NATAL
<input type="checkbox"/> EPIDEMIOLOGY/INFECTION CONTROL	<input type="checkbox"/> PERSONAL INJURY
<input type="checkbox"/> EXPERT WITNESS	<input type="checkbox"/> PHARMACOLOGY
<input type="checkbox"/> EXPERT WITNESS LOCATION	<input type="checkbox"/> PLASTIC SURGERY
<input type="checkbox"/> FAMILY PRACTICE	<input type="checkbox"/> PRO BONO SERVICES (No. CA)
<input type="checkbox"/> FLIGHT NURSING	<input type="checkbox"/> PRODUCT LIABILITY
<input type="checkbox"/> FRAUD AND ABUSE	<input type="checkbox"/> REHABILITATION
<input type="checkbox"/> HEAD INJURY	<input type="checkbox"/> RISK MANAGEMENT
<input type="checkbox"/> HMO HEALTH CARE LAW	<input type="checkbox"/> SCHOOL NURSING
<input type="checkbox"/> HOME HEALTH	<input type="checkbox"/> SEXUAL ASSAULT
<input type="checkbox"/> HOSPICE	<input type="checkbox"/> SOCIAL SECURITY DISABILITY
<input type="checkbox"/> IME/DME FACILITATORS	<input type="checkbox"/> SPINAL CORD INJURY
<input type="checkbox"/> IV THERAPY	<input type="checkbox"/> SURGERY
<input type="checkbox"/> LIFE CARE PLANNING	<input type="checkbox"/> TOXIC TORT
<input type="checkbox"/> LONG TERM CARE	<input type="checkbox"/> TRAUMA CARE

- MANAGED CARE
- MEDICAL MALPRACTICE
- MEDICAL RECORDS CHRONOLOGY

- URGENT CARE
- WORKER'S COMPENSATION

**HIGHEST LEVEL OF EDUCATION COMPLETED**  
**(Select all that you would like included in your listing)**

- |   |  |
|---|--|
| <input type="checkbox"/> Diploma, Nursing                   | <input type="checkbox"/> MRA Master's in Rehabilitation Administration |
| <input type="checkbox"/> AD Associate Degree-Nursing        | <input type="checkbox"/> MS Master's of Science                        |
| <input type="checkbox"/> AA Associate in Arts               | <input type="checkbox"/> MSN Master's of Science Nursing               |
| <input type="checkbox"/> BA Bachelor of Arts                | <input type="checkbox"/> Master's (specify complete credential)        |
| <input type="checkbox"/> BS Bachelor of Science             | <input type="checkbox"/> DSNc Doctorate Nursing Science                |
| <input type="checkbox"/> BSN Bachelor of Science in Nursing | <input type="checkbox"/> EdD Doctorate Education                       |
| <input type="checkbox"/> MA Master's of Arts                | <input type="checkbox"/> PhD Doctorate                                 |
| <input type="checkbox"/> MN Master's of Nursing             | <input type="checkbox"/> JD Juris Doctorate                            |

**MEDICAL/LEGAL PRACTICE AREA**  
**(Select no more than 6)**

- |  |  |
|--|--|
| <input type="checkbox"/> AHC Administrative Health Care Law          | <input type="checkbox"/> PIP Personal Injury, Plaintiff            |
| <input type="checkbox"/> CA Case Management                          | <input type="checkbox"/> PIPD Personal Injury, Plaintiff/Defense   |
| <input type="checkbox"/> CM Criminal                                 | <input type="checkbox"/> PLD Product Liability, Defense            |
| <input type="checkbox"/> EL Elder Law                                | <input type="checkbox"/> PLP Product Liability, Plaintiff          |
| <input type="checkbox"/> EXW Expert Witness                          | <input type="checkbox"/> PLPD Product Liability, Plaintiff/Defense |
| <input type="checkbox"/> LCP Life Care Planning                      | <input type="checkbox"/> RHB Rehabilitation                        |
| <input type="checkbox"/> MMD Medical Malpractice, Defense            | <input type="checkbox"/> RM Risk Management                        |
| <input type="checkbox"/> MMP Medical Malpractice, Plaintiff          | <input type="checkbox"/> TT Toxic Torts                            |
| <input type="checkbox"/> MMPD Medical Malpractice, Plaintiff/Defense | <input type="checkbox"/> WC Workers' Compensation                  |
| <input type="checkbox"/> PID Personal Injury, Defense                | <input type="checkbox"/>   |

**MEDICAL/LEGAL PRACTICE SETTING**  
**(Select no more than 3)**

- |   |   |
|---|---|
| <input type="checkbox"/> GOV Government Agency              | <input type="checkbox"/> IND Independent Practice |
| <input type="checkbox"/> HMO Health Management Organization | <input type="checkbox"/> INS Insurance Company    |
| <input type="checkbox"/> HSP Hospital                       | <input type="checkbox"/> LF Law Firm              |

## CLINICAL NURSING EXPERIENCE/AREA OF PRACTICE

(Select no more than 5 areas)

- |   |  |
|---|--|
| <input type="checkbox"/> ADM Administration             | <input type="checkbox"/> NIC Neonatal Nursing            |
| <input type="checkbox"/> ADS AIDS                       | <input type="checkbox"/> NM Nurse Midwife                |
| <input type="checkbox"/> AMB Ambulatory Care/Outpatient | <input type="checkbox"/> NN Newborn Nursing              |
| <input type="checkbox"/> BDG Birth Defects/Genetics     | <input type="checkbox"/> NP Nurse Practitioner           |
| <input type="checkbox"/> BRN Burn Nursing               | <input type="checkbox"/> NR Nursing Research             |
| <input type="checkbox"/> CD Chemical Dependency         | <input type="checkbox"/> NS Nursing Standards            |
| <input type="checkbox"/> CHN Community Health Nursing   | <input type="checkbox"/> NT Nutritional Nursing          |
| <input type="checkbox"/> COR Correctional Nursing       | <input type="checkbox"/> OB Obstetrics                   |
| <input type="checkbox"/> CPN Camp Nursing               | <input type="checkbox"/> OH Occupational Health          |
| <input type="checkbox"/> CS Clinical Specialist         | <input type="checkbox"/> ON Office Nursing               |
| <input type="checkbox"/> CV Cardiovascular              | <input type="checkbox"/> ONC Oncology                    |
| <input type="checkbox"/> DB Diabetes                    | <input type="checkbox"/> OPH Ophthalmology               |
| <input type="checkbox"/> DD Developmental Disabilities  | <input type="checkbox"/> OR Operating Room/Surgery       |
| <input type="checkbox"/> DSC Discharge Planning         | <input type="checkbox"/> ORT Orthopedics                 |
| <input type="checkbox"/> ED Education                   | <input type="checkbox"/> PA Physician Assistant          |
| <input type="checkbox"/> END Endoscopy                  | <input type="checkbox"/> PACU Post Anesthesia Care Unit  |
| <input type="checkbox"/> ENT Ear, Nose and Throat       | <input type="checkbox"/> PED Pediatric Nursing           |
| <input type="checkbox"/> EPD Epidemiology               | <input type="checkbox"/> PHN Public Health Nursing       |
| <input type="checkbox"/> ER Emergency                   | <input type="checkbox"/> PHR Pharmacology                |
| <input type="checkbox"/> ET Enterostomy Therapy         | <input type="checkbox"/> PIC Pediatric Intensive Care    |
| <input type="checkbox"/> FLN Flight Nursing             | <input type="checkbox"/> PLS Plastic Surgery             |
| <input type="checkbox"/> FOR Forensic Nursing           | <input type="checkbox"/> PM Paramedic                    |
| <input type="checkbox"/> FS Federal Medical Survey      | <input type="checkbox"/> PN Perinatal Nursing            |
| <input type="checkbox"/> GER Gerontology                | <input type="checkbox"/> PSY Psychiatric/Mental Health   |
| <input type="checkbox"/> GNP General Nursing Practice   | <input type="checkbox"/> PUL Pulmonary Nursing           |
| <input type="checkbox"/> GYN Gynecology                 | <input type="checkbox"/> QA Quality Assurance/Assessment |
| <input type="checkbox"/> HH Home Health                 | <input type="checkbox"/> RHB Rehabilitation              |
| <input type="checkbox"/> HI Head Injury                 | <input type="checkbox"/> RM Risk Management              |
| <input type="checkbox"/> ICU Intensive Care Nursing     | <input type="checkbox"/> SA Sexual Assault               |
| <input type="checkbox"/> INF Infection Control          | <input type="checkbox"/> SCI Spinal Cord Injury          |
| <input type="checkbox"/> IV Intravenous Therapy         | <input type="checkbox"/> SM Sports Medicine              |
| <input type="checkbox"/> LTC Long Term Care             | <input type="checkbox"/> SN School Nursing               |
| <input type="checkbox"/> MICN Mobile Intensive Care     | <input type="checkbox"/> STM Stress Management           |
| <input type="checkbox"/> MS Medical Surgical Nursing    | <input type="checkbox"/> TR Trauma Nursing               |
| <input type="checkbox"/> NA Nurse Anesthetist           | <input type="checkbox"/> TX Transplantation              |
| <input type="checkbox"/> NEPH Nephrology                | <input type="checkbox"/> UR Utilization Review           |
| <input type="checkbox"/> NEU Neurology                  | <input type="checkbox"/> URO Urology                     |

**CERTIFICATION**  
**(Select no more than 3)**

- |   |   |
|---|---|
| <input type="checkbox"/> ACCE Childbirth Educator                           | <input type="checkbox"/> C-CHN ANA Community Health Nursing   |
| <input type="checkbox"/> AOCN Oncology Nursing                              | <input type="checkbox"/> C-FNP ANA Family Nurse Practitioner  |
| <input type="checkbox"/> CADM Nursing Administration - Long-term Care       | <input type="checkbox"/> C-GN ANA Gerontological Nursing  |
| <input type="checkbox"/> CARN Addictions Nursing                            | <input type="checkbox"/> C-GNP ANA General Nursing Practice   |
| <input type="checkbox"/> CCM Certified Case Manager                         | <input type="checkbox"/> C-GNPr ANA Gerontological Nurse Practitioner   |
| <input type="checkbox"/> CCRN Critical Care Nursing                         | <input type="checkbox"/> C-HROB NCC High Risk Obstetric Nursing   |
| <input type="checkbox"/> CDE Certified Diabetes Educator                    | <input type="checkbox"/> C-INPT NCC Inpatient Obstetric Nurse   |
| <input type="checkbox"/> CDMS Certified Disability Management Specialist    | <input type="checkbox"/> C-LRN NCC Low-Risk Neonatal Nursing  |
| <input type="checkbox"/> CDON/ LTC Director of Nursing in Long Term Care    | <input type="checkbox"/> C-MN NCC Maternal Newborn Nursing  |
| <input type="checkbox"/> CEN Emergency Nursing                              | <input type="checkbox"/> C-MSN ANA Medical - Surgical Nursing   |
| <input type="checkbox"/> CETN Enterostomal Therapy                          | <input type="checkbox"/> C-NA ANA Nursing Administration  |
| <input type="checkbox"/> CFRN Flight Nursing                                | <input type="checkbox"/> C-NAA ANA Nursing Administration Advanced  |
| <input type="checkbox"/> CGC Gastroenterology                               | <input type="checkbox"/> C-NIC NCC Neonatal Intensive Care Nursing  |
| <input type="checkbox"/> CHN Nephrology Board - Hemodialysis                | <input type="checkbox"/> C-NNP NCC Neonatal Nurse Practitioner  |
| <input type="checkbox"/> CIC Infection Control                              | <input type="checkbox"/> C- P/ MH ANA Psychiatric/ Mental Health Nursing  |
| <input type="checkbox"/> CIRS Insurance Rehabilitation Specialist           | <input type="checkbox"/> C-PDN ANA Pediatric Nursing  |
| <input type="checkbox"/> CLCP Certified Life Care Planner                   | <input type="checkbox"/> C-PHN Public Health Nurse  |
| <input type="checkbox"/> CNM Nursing Midwifery                              | <input type="checkbox"/> C-PLN ANA Perinatal Nursing  |
| <input type="checkbox"/> CNN ANNA Nephrology Nurse                          | <input type="checkbox"/> C-PNP ANA Pediatric Nurse Practitioner   |
| <input type="checkbox"/> CNOR Perioperative Nursing                         | <input type="checkbox"/> C- REIN NCC Reproductive Endocrinology/ Infertility Nursing                            |
| <input type="checkbox"/> CNRN Neuroscience Nursing                          | <input type="checkbox"/> C-SN ANA School Nursing  |
| <input type="checkbox"/> CNSN Nutrition Support Nursing                     | <input type="checkbox"/> C-SNP ANA School Nursing Practitioner  |
| <input type="checkbox"/> COHN Occupational Health Nursing                   | <input type="checkbox"/> C- WHNP NCC Women's Health Care Nurse Practitioner                                     |
| <input type="checkbox"/> CPAN Post-Anesthesia Nursing                       | <input type="checkbox"/> CS-APMHN ANA Clinical Specialist Adult Psychiatric<br>Mental Health Nursing            |
| <input type="checkbox"/> CPCU Chartered Property & Casualty Underwriter     | <input type="checkbox"/> CS-CAMHN ANA Clinical Specialist Child Adolescent<br>Psychiatric Mental Health Nursing |
| <input type="checkbox"/> CPDN Nephrology Board - Peritoneal Dialysis        | <input type="checkbox"/> CS-CHN ANA Clinical Specialist Community Health Nursing                                |
| <input type="checkbox"/> CPN General Pediatric Nursing                      | <input type="checkbox"/> CS-GN ANA Clinical Specialist Gerontological Nursing                                   |
| <input type="checkbox"/> CPSN Plastic & Reconstruction Surgical Nursing     | <input type="checkbox"/> CS-MSN ANA Clinical Specialist Medical Surgical Nursing                                |
| <input type="checkbox"/> CRC Certified Rehabilitation Counselor             | <input type="checkbox"/> FAAPM Pain Management  |
| <input type="checkbox"/> CRNA Nurse Anesthetist                             | <input type="checkbox"/> IBCLC Lactation Consultant   |
| <input type="checkbox"/> CRNI Intravenous Nursing                           | <input type="checkbox"/> OCN Oncology Nursing   |
| <input type="checkbox"/> CRNO Ophthalmic Nursing                            | <input type="checkbox"/> ONC Orthopedic Nursing   |
| <input type="checkbox"/> CRRN Rehabilitation Nursing                        | <input type="checkbox"/> PM Pain Management   |
| <input type="checkbox"/> CURN Urology Nursing                               | <input type="checkbox"/> RNC Maternal/ Child Nursing  |
| <input type="checkbox"/> C-ANP ANA Adult Nurse Practitioner                 |   |
| <input type="checkbox"/> C- AWHC NCC Ambulatory Women's Health Care Nursing |   |