

AANP Network for Research Membership Application

The AANP Network for Research (AANPNR) is a primary care, practice-based research network. Membership is open to all primary care NPs who are members of AANP. If you are interested in joining the AANPNR, please complete this form. If at all possible, please fill out this form online here:

<http://survey.aanp.org/selectsurvey/TakeSurvey.aspx?SurveyID=76KJm06>

Personal Information			
Last Name:		First Name:	
Home Street Address:			Phone: ()
City:	State:	Zip:	
Email:			
NP Experience			
Years of NP Experience:			
Highest Degree Earned: (mark by checking bubble) <ul style="list-style-type: none"> <input type="radio"/> Associate Degree <input type="radio"/> Nursing Diploma <input type="radio"/> Baccalaureate <input type="radio"/> Master's <input type="radio"/> Doctorate 	Certification: (mark by checking bubble) <ul style="list-style-type: none"> <input type="radio"/> AANP <input type="radio"/> ANCC <input type="radio"/> NCC <input type="radio"/> ONCC <input type="radio"/> PNCB 	Specialty: (may select more than one; mark by checking bubble) <ul style="list-style-type: none"> <input type="radio"/> Acute Care <input type="radio"/> Adult <input type="radio"/> Family <input type="radio"/> Gerontology <input type="radio"/> Pediatrics <input type="radio"/> Psych/Mental Health <input type="radio"/> Women's Health 	
Practice Site Information			
Name of Practice Site:			
Street Address:			Phone: ()
City:	State:	Zip:	Fax: ()
Average number of hours you practice in this setting per week:			
Average number of patients you see in this setting per hour:			
Average number of patients you see in this setting per week:			
Average number of patients seen in the entire practice on a daily basis (includes other providers):			

<p>Does your practice site have an electronic medical records system? (mark by checking bubble)</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Does your site have a local IRB/privacy board that reviews proposed projects? (mark by checking bubble)</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Research Experience & Interests	
<p>Please describe your experience in performing/participating in research, highlighting primary care research as applicable. Prior experience is not a requirement of membership.</p>	
<p>Please describe your main research interests here.</p>	

When you have completed this application return to:

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 Austin, TX 78711