



National Coalition of
Oncology Nurse Navigators

NATIONAL COALITION OF ONCOLOGY NURSE NAVIGATORS

P.O. Box 1688, Rockville, MD. 20849-1688

800-581-0175 E-mail: info@nconn.org

www.nconn.org

DATE: _____ PROMO CODE: _____

Last name: _____

First name: _____ MI: _____

Credentials used: _____

Home Address: _____

City: _____ State: _____

Zip code: _____ Country: _____

Home phone: _____

Institution Name: _____

Address: _____

City: _____ State: _____

Zip code: _____ Country: _____

Business phone: _____

Contact information

E-mail: _____

Cell phone: _____

Fax: _____

Preferred mailing address: ☐ Home ☐ Work

Preferred phone contact: ☐ Home ☐ cell ☐ Work

Educational Information:

Highest degree obtained: ☐ Diploma ☐ Associate

☐ Bachelor ☐ Master ☐ Doctorate: Type _____

Current enrollment: ☐ Diploma ☐ Associate

☐ Bachelor ☐ Master ☐ Doctorate: Type _____

Professional Profile:

Type of License:

☐ LVN/LPN ☐ RN ☐ APRN ☐ NP ☐ CNS

☐ OTHER _____

Career Experience: Years in Nursing: _____

Years in Oncology: _____

Position title: _____

Employment Status: ☐ full time ☐ part time ☐ retired

ONS member: ☐ yes ☐ no

Employment setting (check all that apply)

Hospital: ☐ Inpatient ☐ Outpatient ☐ Clinic

☐ Academic ☐ Community ☐ Hospice

☐ Physician practice ☐ general surgeon ☐ breast surgeon

☐ Other surgeon ☐ medical oncology

☐ radiation oncology ☐ radiologist ☐ other _____

Type of cancer Navigated (check all that apply) ☐ breast

☐ gyn ☐ lung ☐ colorectal ☐ leukemia/lymphoma

☐ head/neck ☐ renal ☐ melanoma ☐ multiple myeloma

☐ testicular ☐ sarcoma ☐ bladder ☐ pancreatic

☐ prostate ☐ ALL ☐ other _____

Biographical data: (optional)

Age: ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ >60

Gender: ☐ Female ☐ Male

Race: ☐ Caucasian ☐ African/American

☐ Asian/Pacific Islander ☐ Hispanic

☐ American Indian ☐ Other _____

Salary Range:

☐ \$20,000-\$29,000

☐ \$30,000-\$39,000 ☐ \$40,000-\$49,000

☐ \$50,000-\$59,000 ☐ \$60,000-\$69,000

☐ \$70,000-\$79,000 ☐ \$80,000-\$89,000

☐ \$90,000 and above

Do you want to be included in the membership directory?

☐ yes ☐ no

Do you want to be added to the NCONN List-serv?

☐ yes ☐ no

☐ I want to be listed on the Navigator MAP

☐ I agree to allow my contact information to be published
to the membership of NCONN.

☐ I do not want my contact information to be published
to the membership of NCONN. I understand that this will
restrict my e-mail from being seen on the NCONN List-
serv.

Membership Fee: \$50.00

Payment: ☐ Credit Card ☐ Check (enclosed)

Type of Credit Card (Visa/MC/American Express/Discover)

Expiration Date _____

(3-digit code from back of card) _____

If paying by check or money order, your membership will
be effective when your payment is received.