



National Coalition of Oncology Nurse Navigators

NATIONAL COALITION OF ONCOLOGY NURSE NAVIGATORS

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

888-451-8995

E-mail: info@nconn.org

www.nconn.org

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

Do you want to be included in the membership directory?

☐ yes ☐ no

Do you want to be on the List serv? ☐ yes ☐ no

Educational Information: Highest degree obtained

☐ Diploma ☐ Associate ☐ Bachelor's ☐ Master's

☐ Doctorate: Type _____

Current enrollment: ☐ Diploma ☐ Associate

☐ Bachelor's ☐ Master's ☐ Doctorate: Type _____

Professional Profile:

Type of License: ☐ LVN/LPN ☐ RN ☐ APRN

☐ NP ☐ CNS

Career Experience: Years in Nursing? _____

Years in Oncology: _____

Position title: _____

Status: ☐ full time ☐ part time ☐ retired

ONS member: ☐ yes ☐ no

Employment setting:

Hospital: ☐ Inpatient ☐ Outpatient ☐ Clinic

☐ Academic ☐ Community ☐ for-Profit

☐ Not for Profit ☐ Hospice

Physician practice: ☐ Private ☐ Hospital owned

Physician Type: ☐ general surgeon ☐ breast surgeon

☐ other surgeon _____ ☐ medical oncology

☐ radiation oncology ☐ radiologist ☐ other _____

Type of cancer: ☐ breast ☐ gyn ☐ lung

☐ colorectal ☐ leukemia/lymphoma ☐ head/neck

☐ renal ☐ melanoma ☐ multiple myeloma

☐ testicular ☐ sarcoma ☐ bladder ☐ pancreatic

☐ prostate ☐ other _____

Biographical data: optional

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

Date of birth: ____/____/____

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

☐ 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: \$100.00

Payment: ☐ PayPal ☐ Check ☐ Money Order

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