



CSII Order form & Membership Application

One Capitol Mall, Suite 320
Sacramento, CA 95814
Tel: 916.441.1361
Fax: 916.444.7462
Join on-line at
www.canpweb.org

Please fill in your information below and fax, e-mail or mail with your payment.

NAME _____ CREDENTIAL _____

Preferred E-mail (used by CANP for CANP updates)

Please complete both addresses and then mark your mailing address preference:

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME TELEPHONE (_____) _____

BUSINESS NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ BUSINESS TELEPHONE (_____) _____

PREFERRED E-MAIL (_____) _____ PRIMARY FAX (_____) _____

REFERRED BY _____ CA RN License # _____ Date of Birth (month/date) _____

Controlled Substance – Schedule II “Home Study” course (CSII)

CSII \$250

The full CSII Home study course will be sent to you at the above preferred address upon completion of this order form and payment received. You will receive a DVD and information packet along with a post test. You can mail back or fax your post test to receive your CSII completion certificate. This course meets the BRN requirements and qualifies for 3 contact hours. Provider #01985. **With this purchase you'll receive a complimentary CANP Membership that expires on June 30, 2010.** Full members shall have full and exclusive voting privileges and right to hold office.

SPECIALTY (INDICATE YOUR PRIMARY SPECIALTY)

- | | | | | |
|--------------------------------------|---|--|---|---|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Education/Research | <input type="checkbox"/> Home Health | <input type="checkbox"/> Oncology/Hematology | <input type="checkbox"/> Urgent Care |
| <input type="checkbox"/> Acute care | <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Orthopedics/Phys. Medicine | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Adolescent | <input type="checkbox"/> Endocrinology/Diabetes | <input type="checkbox"/> Neonatal | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Family Practice/Primary Care | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Psychiatric/Mental Health | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Obstetrics/Gynecology | <input type="checkbox"/> Public Health | |
| <input type="checkbox"/> Dermatology | | <input type="checkbox"/> Occupational Health | <input type="checkbox"/> Student Health | |

Payment Options: Check # _____ enclosed (**Checks payable to CANP**) Visa MasterCard

Card Number _____ V-Code _____ Expiration Date _____

Name on Card _____ Signature _____

**Total amount to be charged: \$250 Sales Tax (8.75%) = \$21.88 S&H: add an additional \$2.41
Total=\$274.29**

Your check or money order is your receipt. Pursuant to Federal Law, we must notify you that 25% of membership dues are for lobbying expenses and are not tax deductible. The remainders of CANP dues are not tax deductible as a charitable contribution for Federal Tax purposes, but may be deductible as a business expense.

PLEASE COMPLETE BACK OF CSII ORDER FORM

CANP Member Communications

CANP Committees

I am interested in serving on one of these committees when the opportunity is available:

- Membership
- Educational Affairs
- Public Relations

CANP Resource

I am interested in being a resource when an expert is needed for media, legislative purposes, etc. My area of expertise is:

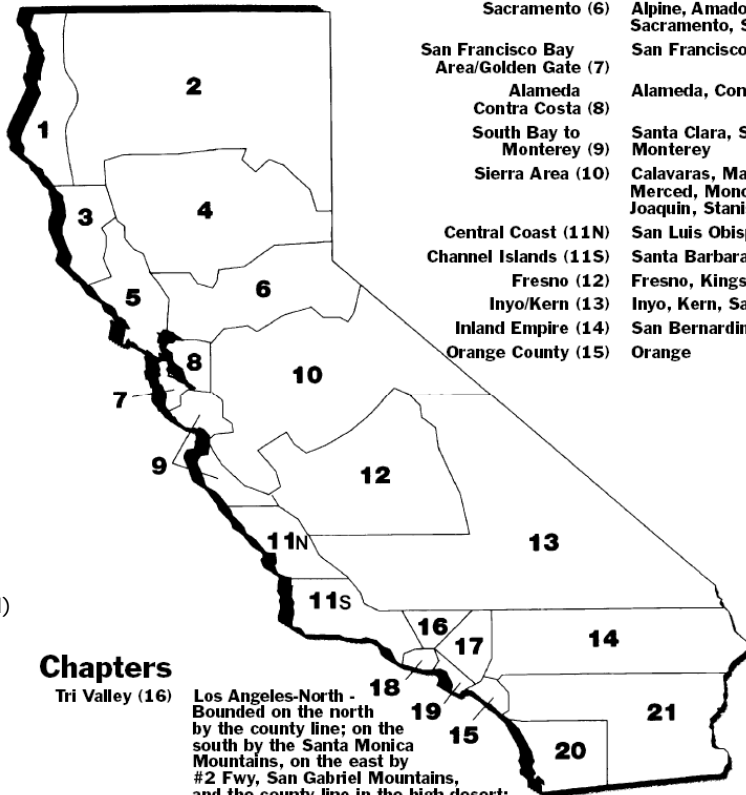
CANP Member Communications

- I do not wish to appear on the consumer searchable database.
- I do not wish to receive fax or email correspondence from CANP.
- Please remove me from outside (organizations not endorsed by CANP) mailing list requests

CANP Chapter Selection

Please select your chapter using this map

- (1) North Coast
- (2) Redding
- (3) Mendocino (not affiliated)
- (4) Three Rivers
- (5) North Bay
- (6) Sacramento
- (7) San Francisco Bay Area/Golden Gate
- (8) Alameda Contra Costa
- (9) South Bay to Monterey
- (10) Sierra Area
- (11N) Central Coast (not affiliated)
- (11S) Channel Islands
- (12) Fresno
- (13) Inyo/Kern (not affiliated)
- (14) Inland Empire
- (15) Orange County
- (16) Tri Valley
- (17) Greater Pasadena
- (18) West Los Angeles
- (19) South Bay
- (20) San Diego
- (21) Coachella Valley



Chapters

- North Coast (1)** Del Norte, Humboldt
- Redding (2)** Lassen, Modoc, Shasta, Siskiyou, Trinity
- Mendocino (3)** Mendocino (not affiliated)
- Three Rivers (4)** Butte, Colusa, Glenn, Nevada, Plumas, Sierra, Sutter, Tehama, Yuba
- North Bay (5)** Lake, Marin, Napa, Sonoma
- Sacramento (6)** Alpine, Amador, El Dorado, Placer, Sacramento, Solano, Yolo
- San Francisco Bay Area/Golden Gate (7)** San Francisco, San Mateo
- Alameda Contra Costa (8)** Alameda, Contra Costa
- South Bay to Monterey (9)** Santa Clara, Santa Cruz, Monterey
- Sierra Area (10)** Calaveras, Madera, Mariposa, Merced, Mono, San Benito, San Joaquin, Stanislaus, Tuolumne
- Central Coast (11N)** San Luis Obispo
- Channel Islands (11S)** Santa Barbara, Ventura
- Fresno (12)** Fresno, Kings, Tulare
- Inyo/Kern (13)** Inyo, Kern, San Bernardino-North
- Inland Empire (14)** San Bernardino-South
- Orange County (15)** Orange

Chapters

- Tri Valley (16)** Los Angeles-North - Bounded on the north by the county line; on the south by the Santa Monica Mountains, on the east by #2 Fwy, San Gabriel Mountains, and the county line in the high desert; and on the west by the county line.
- Greater Pasadena (17)** Los Angeles-East - Bounded on the north by the San Gabriel Mountains; on the south by the #105 Fwy and the county line; on the east by the county line; and on the west by the #2 and #10 Fwys.
- West Los Angeles (18)** Los Angeles-West - Bounded on the north by the Santa Monica Mountains, the south by the #105 FWY; the east by the #710 Fwy; and the west by the coast.
- South Bay (19)** Los Angeles-South - Bounded on the north by the #105 Fwy; the south by the coast; the east by the county line, the west by the coast.
- San Diego (20)** San Diego
- Coachella Valley (21)** Imperial, Riverside

CANP Membership Agreement

Upon submission of this application, I hereby agree to act in accordance with the laws, rules, and regulations of the state of California, the federal government, and in accordance with the Code of Ethics, Standards of Practice, and bylaws of the California Association for Nurse Practitioners. Failure to do so may result in the termination of my membership without refund. Once accepted into membership, dues are non-refundable. I understand that I will receive correspondence via fax/phone/e-mail sent by or on behalf of the California Association for Nurse Practitioners (CANP).

SIGNATURE _____ DATE _____