



The Bridge Between Practice and Research in Addictions Nursing

IntNSA Membership Application

First Name: _____ Middle Initial: _____ Last Name: _____

Company/Institution: _____ Part of address (Yes or No): _____

Address: _____ County: _____

City: _____ State/Province: _____ Zip/Postal: _____ Country: _____

Certifications/Credentials: _____ Title: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Website: _____

Email Address: _____ Alternate Email: _____

1. IntNSA Membership Dues - Select 1 of the following:

All memberships are valid for 365 days (1 year) from the join/renew date.

| Regular (RN) | Associate (LPN, LVN) | Student | Retired | Disabled | Affiliate |
|-----------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="radio"/> \$200 | <input type="radio"/> \$120 | <input type="radio"/> \$75 | <input type="radio"/> \$100 | <input type="radio"/> \$100 | <input type="radio"/> \$150 |

2. IntNSA Foundation Donation (not required for membership)

Friend is \$1 to \$99 Bronze \$100 to \$199 Gold \$200 to \$299 Silver \$300 to \$499 Platinum \$500+

3. Total Due: (1 + 2 above)

\$ _____
\$ _____

Method of Payment

_____ Check (U. S. Dollars only) _____ Credit card: (Amex, Discover, Visa, MasterCard)

If paying by credit card complete the following information and return to the IntNSA Executive Office

Card Number: _____

Expiration Date: _____ CID/Security Code: _____

Print name as it appears on Card: _____

Authorized Signature: _____

Please make your payment to "IntNSA" in US Dollar currency and return with this form to:
IntNSA * 3416 Primm Lane * Birmingham, Alabama 35216, USA

Please complete the additional information on the following pages.



International Nurses Society on Addictions
3416 Primm Lane
Birmingham, AL 35216
P: 205-823-6106, F: 205-823-2760
intnsa@primemanagement.net

Demographics and Profile Information

Birthdate (MM/DD/YYYY):

Gender

- Male
- Female
- Choose not to disclose

Level of Education (select any/all)

- ADN
- BSN
- MS/MSN
- PhD
- DNP
- EdD

Experience in Nursing (select 1)

- less than 2 years
- 2-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- over 20 years

Experience in Psychiatric Nursing (select 1)

- less than 2 years
- 2-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- over 20 years

Licensure (select 1)

- RN
- APRN

Other Licensure:

Primary Work Setting (select 1)

- Community Agency
- Community Health Center
- Emergency Services
- Employee Assistance
- Home Health Agency
- Industry
- Mental Health Care Clinic
- Military
- Primary Care Office
- Prison/Jail
- Private Investor-owned Hospital
- Private Non-profit Hospital
- Public/Federal Hospital
- Private Practice
- School/College/Department of Nursing

Primary Setting Role (select 1)

- Case Manager
- Clinical Educator
- Clinical Nurse Specialist
- Consultant
- Consultation Liaison
- Faculty - Academic
- Head Nurse/Manager/Assistant Head Nurse
- Nurse Practitioner
- Researcher
- Staff Nurse
- Therapist
- Other

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Secondary Work Setting (select 1)

- Community Agency
- Home Health Agency
- Industry
- Military
- Primary Care Office
- Prison/Jail
- Private Investor-owned Hospital
- Private Non-profit Hospital
- Public/Federal Hospital
- Private Practice
- School/College of Nursing

Secondary Setting Role (select 1)

- Case Manager
- Clinical Nurse Specialist
- Consultant
- Educator-Clinical
- Faculty-Academic
- Head Nurse/Manager/Assistant Head Nurse
- Nurse Practitioner
- Researcher
- Staff Nurse
- Therapist
- Other: _____

Nursing Employment (select 1)

- Full-time
- Part-time
- PRN
- Unemployed
- Retired

Profile in Nursing (select 1)

- RN
- CNS
- NP
- Certified
- Prescriptive Authority

Expert Knowledge Area (select up to 4)

- | | | |
|--|--|--|
| <input type="radio"/> Alternative Therapies | <input type="radio"/> Group Therapy | <input type="radio"/> Prevention/Health Promotion |
| <input type="radio"/> Anxiety Disorders | <input type="radio"/> Health Policy | <input type="radio"/> Psychopharmacology/Medication Management |
| <input type="radio"/> APNA Leadership | <input type="radio"/> HIV/AIDS | <input type="radio"/> Psychotherapy |
| <input type="radio"/> Attention Deficit Hyperactivity Disorder | <input type="radio"/> Integrated Physical & Mental Health Care | <input type="radio"/> Psychotic Disorders |
| <input type="radio"/> Chronic Mental Illness | <input type="radio"/> Leadership | <input type="radio"/> Recovery |
| <input type="radio"/> Couples | <input type="radio"/> Managed Care/Utilization Review | <input type="radio"/> Sexual Assault |
| <input type="radio"/> Crisis/Trauma | <input type="radio"/> Men's Health | <input type="radio"/> Sleep Disorders |
| <input type="radio"/> Culture | <input type="radio"/> Military | <input type="radio"/> Standards/Ethics |
| <input type="radio"/> Eating Disorders | <input type="radio"/> Mood Disorders | <input type="radio"/> Substance Use Disorders |
| <input type="radio"/> Education | <input type="radio"/> Neurobiology | <input type="radio"/> Suicidology |
| <input type="radio"/> Family | <input type="radio"/> Personality Disorders | <input type="radio"/> Women's Health |
| <input type="radio"/> Forensic | | |
| <input type="radio"/> Genetics | | |

Subspecialty (select all/any)

- Child
- Adolescent
- Adult
- Geriatric
- Lifespan

Level of Care Provided (select 1)

- Inpatient
- Outpatient
- Home
- Partial Hospitalization Program