



**Advanced Practitioner  
Society for Hematology  
and Oncology**

3131 Princeton Pike  
Bldg 1, Suite 205  
Lawrenceville, NJ 08648  
609-832-3000 • Fax: 631-449-7969  
info@apsho.org • www.apsho.org

## 3 EASY WAYS TO RENEW

- Renew online and pay with your credit card at [www.apsho.org](http://www.apsho.org)
- Call us at 609-832-3000
- Mail this application form with your check or money order

**PLEASE PROVIDE YOUR INFORMATION**

First Name\* \_\_\_\_\_ M.I. \_\_\_\_\_  
 Last Name\* \_\_\_\_\_  
 Email\* \_\_\_\_\_  
 Mobile Number\* \_\_\_\_\_  
 Gender  M  F Birthday (MM/DD/YYYY) \_\_\_\_\_

**Home Address**

Address \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_

**Work Address**

Organization Name \_\_\_\_\_  
 Professional Title \_\_\_\_\_  
 Self Employed  Yes  No  
 Address \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Preferred Mailing Address (Choose one)  Home  Work

**MEMBERSHIP TYPE (Select One)**

**Professional Membership**  1 YEAR \$75.00  2 YEAR \$120.00  
**Associate Membership**  1 YEAR \$200.00  
**Student Membership\***  1 YEAR \$50.00  
 \*Name of School \_\_\_\_\_  
 \*Your Major \_\_\_\_\_  
 \*Expected Graduation Year \_\_\_\_\_

**Payment Information**

Check or money order enclosed in the amount of \$ \_\_\_\_\_  
 Make check payable to *the Advanced Practitioner Society for Hematology and Oncology* and mail to the address at the top of this form.

Referred By \_\_\_\_\_

See [APSHO.org](http://APSHO.org) for membership type descriptions

**PRINT SUBSCRIPTIONS**

**Request print subscriptions to** (Check all that apply)  
 Journal of the Advanced Practitioner in Oncology (JADPRO)  
 The quarterly APSHO Advance Newsletter  
 JNCCN—Journal of the National Comprehensive Cancer Network  
 The ASCO Post  
 The Journal of Oncology Practice (JOP)

**PROFESSIONAL INFORMATION**

**State of licensure** \_\_\_\_\_

**Highest Level of Current Licensure** (Check one)

- Nurse Practitioner  Physician Assistant
- Registered Nurse  Registered Pharmacist
- Not Applicable

**Practice Type** (Check one)

- Academic/University Medical Center  Managed Care
- Comprehensive Cancer Center  Community-based Office
- Government/VA  Community-based Hospital
- Pharma/Biotech Company  Research
- Other \_\_\_\_\_

**Advanced Practice Certifications** (Check all that apply)

- CNS  OCN
- AOCN  AOCNP
- AOCNS  ARNP
- NP: Acute Care  PA-C
- NP: Adult/Geriatric  FNP
- BCOP  Residency, oncology pharmacy
- Fellowship, oncology pharmacy  Other \_\_\_\_\_
- Not Applicable

**Degrees Attained** (Check all that apply)

- ADN  MPH
- BA  MS
- BPharm  MSc
- BS  MSN
- BSc  PhD
- BSN  PharmD
- DNP  Other \_\_\_\_\_
- MA

**Do you prescribe medication?**  Yes  No

**Number of patients you typically see per day** (Check one)

- 1-10  11-20  20-25  25+  None

**Are you a member of other societies?** (Check all that apply)

- AANP  ASHP
- AAPA  ASTRO
- ANA  HOPA
- APAO  MASCC
- ASBMT  ONS
- ASCO  Other \_\_\_\_\_
- ASH

**Are you interested in participating as a mentor to new advanced practitioners?**  Yes  No

**Would you like to participate as a mentee and be paired with an experienced mentor?**  Yes  No



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**PROFESSIONAL INFORMATION (cont.)**

**Your EXPERTISE  Your AREA of INTEREST**

- |   |   |
|---|---|
| <input type="checkbox"/> <input type="radio"/> Bladder/urothelial cancer                    | <input type="checkbox"/> <input type="radio"/> Myelodysplastic syndromes    |
| <input type="checkbox"/> <input type="radio"/> Bone cancer (sarcoma)                        | <input type="checkbox"/> <input type="radio"/> Myeloproliferative Neoplasms |
| <input type="checkbox"/> <input type="radio"/> Breast cancer                                | <input type="checkbox"/> <input type="radio"/> Neuroendocrine tumors        |
| <input type="checkbox"/> <input type="radio"/> Cachexia                                     | <input type="checkbox"/> <input type="radio"/> Nutrition in oncology        |
| <input type="checkbox"/> <input type="radio"/> Central nervous system tumors                | <input type="checkbox"/> <input type="radio"/> Oncologic emergencies        |
| <input type="checkbox"/> <input type="radio"/> Cervical cancer                              | <input type="checkbox"/> <input type="radio"/> Ovarian cancer               |
| <input type="checkbox"/> <input type="radio"/> CINV   | <input type="checkbox"/> <input type="radio"/> Palliative care              |
| <input type="checkbox"/> <input type="radio"/> Colorectal cancer                            | <input type="checkbox"/> <input type="radio"/> Pancreatic cancer            |
| <input type="checkbox"/> <input type="radio"/> Complementary and alternative medicine       | <input type="checkbox"/> <input type="radio"/> Pediatric cancer             |
| <input type="checkbox"/> <input type="radio"/> Esophageal cancer                            | <input type="checkbox"/> <input type="radio"/> Prevention/Screening         |
| <input type="checkbox"/> <input type="radio"/> Gastric cancer                               | <input type="checkbox"/> <input type="radio"/> Prostate cancer              |
| <input type="checkbox"/> <input type="radio"/> Genetics/Genetic counseling                  | <input type="checkbox"/> <input type="radio"/> Psychological oncology       |
| <input type="checkbox"/> <input type="radio"/> Genitourinary cancer                         | <input type="checkbox"/> <input type="radio"/> Public policy/cost of care   |
| <input type="checkbox"/> <input type="radio"/> Gynecologic cancer (not ovarian or cervical) | <input type="checkbox"/> <input type="radio"/> Radiation oncology           |
| <input type="checkbox"/> <input type="radio"/> Head and neck cancer                         | <input type="checkbox"/> <input type="radio"/> Research/clinical trials     |
| <input type="checkbox"/> <input type="radio"/> Hepatobiliary cancer                         | <input type="checkbox"/> <input type="radio"/> Skin cancer, basal cell      |
| <input type="checkbox"/> <input type="radio"/> Kidney or renal cell cancer                  | <input type="checkbox"/> <input type="radio"/> Skin cancer, melanoma        |
| <input type="checkbox"/> <input type="radio"/> Leukemia, acute lymphocytic                  | <input type="checkbox"/> <input type="radio"/> Skin cancer, squamous cell   |
| <input type="checkbox"/> <input type="radio"/> Leukemia, acute myeloid                      | <input type="checkbox"/> <input type="radio"/> Surgical oncology            |
| <input type="checkbox"/> <input type="radio"/> Leukemia, chronic lymphocytic                | <input type="checkbox"/> <input type="radio"/> Survivorship                 |
| <input type="checkbox"/> <input type="radio"/> Leukemia, chronic myeloid                    | <input type="checkbox"/> <input type="radio"/> Symptom management           |
| <input type="checkbox"/> <input type="radio"/> Lung cancer, non-small cell                  | <input type="checkbox"/> <input type="radio"/> Testicular cancer            |
| <input type="checkbox"/> <input type="radio"/> Lung cancer, small cell                      | <input type="checkbox"/> <input type="radio"/> Thymic carcinomas            |
| <input type="checkbox"/> <input type="radio"/> Lymphoma, Hodgkin                            | <input type="checkbox"/> <input type="radio"/> Thyroid cancer               |
| <input type="checkbox"/> <input type="radio"/> Lymphoma, non-Hodgkin                        | <input type="checkbox"/> <input type="radio"/> Toxicities from treatment    |
| <input type="checkbox"/> <input type="radio"/> Multiple myeloma                             | <input type="checkbox"/> <input type="radio"/> Not Applicable               |