

***Which of the following best describes the approximate size of your organization?**

- | | | |
|--|--|---|
| <input type="checkbox"/> 1-100 (full time employees) | <input type="checkbox"/> 501-1,000 | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> 101-250 | <input type="checkbox"/> 1,001-5,000 | |
| <input type="checkbox"/> 251-500 | <input type="checkbox"/> More than 5,000 | |

***Which of the following best describes your primary role within your organization?**

- | | | |
|---|--|---|
| <input type="checkbox"/> Patient Safety Officer | <input type="checkbox"/> Performance Improvement Director | <input type="checkbox"/> Chief Nursing Officer/ Nurse Manager |
| <input type="checkbox"/> Patient Safety Staff | <input type="checkbox"/> Performance Improvement Staff | <input type="checkbox"/> Other Executive |
| <input type="checkbox"/> Quality Director | <input type="checkbox"/> Chief Medical Officer and/or Medical Director | <input type="checkbox"/> Pharmacy Staff |
| <input type="checkbox"/> Quality Staff | | <input type="checkbox"/> Nursing Staff |
| <input type="checkbox"/> Risk Officer/Director | | <input type="checkbox"/> Physician Staff |
| <input type="checkbox"/> Risk Staff | | <input type="checkbox"/> Other _____ |

***Do we have your permission to include your name, credentials, and organization (name, city, state, country) in the ASPPS membership directory and in a new member announcement? Yes No**

How did you hear about the American Society of Professionals in Patient Safety?

- | | | |
|---|---|--|
| <input type="checkbox"/> Article/News | <input type="checkbox"/> LinkedIn | <input type="checkbox"/> Trade Journal Advertisement |
| <input type="checkbox"/> Conference/Tradeshaw | <input type="checkbox"/> NPSF/ASPPS Email | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> NPSF/ASPPS Website | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Other Website | |
| <input type="checkbox"/> Friend/Colleague | <input type="checkbox"/> Professional Association | |

Please list other professional membership associations to which you belong (e.g. American Association of Colleges of Nursing, American College of Physicians, American Medical Association)

Your privacy is important to us. We will not share, sell, or distribute personal information to outside parties.

IHI/NPSF • 280 Summer Street, 9th Floor • Boston, MA 02210

ASPPS Member Services: 617.391.9931 • Fax: 617.391.9999 • ASPPSinfo@npsf.org



ASPPS

American Society of Professionals in Patient Safety

Patient Advocate Membership Application ... continued

**You must complete payment information
for your application to be processed.**

Please check one:

- | | |
|---|---|
| <input type="checkbox"/> One-year membership: \$75 | <input type="checkbox"/> Four-year membership: \$258 |
| <input type="checkbox"/> Two-year membership: \$135 | <input type="checkbox"/> Five-year membership: \$315 |
| <input type="checkbox"/> Three-year membership: \$198 | <input type="checkbox"/> Lifetime membership: \$1,500 |

Payment Method:

- Check enclosed** please make check payable to:

*Institute for Healthcare Improvement/
National Patient Safety Foundation
280 Summer Street, 9th Floor
Boston, MA 02210*

- Credit card** please complete all fields below and submit via:
Fax – 617-391-9999
Email – ASPPSinfo@npsf.org

DO NOT MAIL IN CREDIT CARD INFORMATION

Credit card information:

Please print clearly

Please charge to (circle one): **VISA** **MASTERCARD** **AMEX**

CARD NUMBER: _____

EXPIRATION DATE: _____ CARD VERIFICATION CODE: _____

NAME ON CARD: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

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