



**\*Which of the following best describes your organization?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Ambulatory Care Facility/Outpatient Clinic | <input type="checkbox"/> Home Care Organization            | <input type="checkbox"/> Not-for-Profit Organization/Foundation                    |
| <input type="checkbox"/> Physician's Office                         | <input type="checkbox"/> Academic Setting – Student        | <input type="checkbox"/> Medical Device/Pharmaceutical Industry/Solutions Provider |
| <input type="checkbox"/> Hospital                                   | <input type="checkbox"/> Academic Setting – Faculty        | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Academic Medical Center                    | <input type="checkbox"/> Hospital Engagement Network (HEN) |  |
| <input type="checkbox"/> Military Healthcare Facility               | <input type="checkbox"/> Dental Clinic                     |  |
| <input type="checkbox"/> Long-term Care Facility                    |  |  |

**\*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, 9<sup>th</sup> Floor • Boston, MA 02210

ASPPS Member Services: 617.391.9931 • Fax: 617.391.9999 • [ASPPSinfo@npsf.org](mailto:ASPPSinfo@npsf.org)



# ASPPS

American Society of Professionals in Patient Safety

## Student 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"/> Three-year membership: \$198 |
| <input type="checkbox"/> Two-year membership: \$135 | <input type="checkbox"/> Four-year membership: \$258  |

**Payment Method:**

- Check enclosed**      please make check payable to:

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

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

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

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

ASPPS Member Services: 617.391.9931 • Fax: 617.391.9999 • [ASPPSinfo@npsf.org](mailto:ASPPSinfo@npsf.org)