



AMERICAN ASSOCIATION OF
LEGAL NURSE CONSULTANTS

Membership Application

Mail or fax application with credit card payment to:

American Association of Legal Nurse Consultants
401 N. Michigan Avenue
Suite 2200
Chicago, IL 60611-4267
Fax: 312/673-6655

Mail applications with payment by check to:

American Association of Legal Nurse Consultants
1027 Paysphere Circle
Chicago, IL 60674

GENERAL INFORMATION

Last Name: First Name: M.I.
Credentials* (e.g., BSN RN LNCC):

Contact Information:

(Select your preferred address/telephone for communication)

Home Address:

Company

Business Address:

City:

City:

State: Zip:

State: Zip:

Home Phone: ()

Business Phone: ()

Fax: ()

E-mail address:

Website:

MEMBERSHIP CATEGORY (select one)

Active/Associate Extended Membership (\$225) Meeting the requirements of the Active or Associate member. Membership will extend through 12/31/2011.

Active (\$150) A Registered Nurse maintaining an active license in the US or its territories, who is working in a consulting capacity in the legal field. Membership through 12/31/2010

Associate (\$150) A Registered Nurse maintaining an active license in the US or its territories who is interested in the goals and activities of AALNC, but has NOT worked in a consulting capacity during the previous 12 months. Membership through 12/31/2010

Sustaining (\$225) An individual who practices law or any other individual, business, organization or facility with an interest in the goals and activities of AALNC. Membership through 12/31/2010

Active and Associate members must provide their RN License Number. Failure to do so will delay processing.

RN License # State Exp. Date

LOCAL AFFILIATION

Listed below are the regions and cities in which AALNC is represented by local chapters. Select the chapter you think you may be interested in joining at a local level.

*If you are interested in joining your local chapter, you will need to contact them directly. Find contact information for all AALNC chapters on our website at www.aalnc.org.

- Birmingham, AL
Phoenix, AZ
San Francisco, CA
Orange County, CA
Sacramento, CA
Denver, CO
Northern Delaware
Jacksonville, FL
Orlando, FL
Southern Florida
Tampa Bay, FL
Atlanta, GA
Augusta, GA
Chicago, IL
Newark, IA
Louisville, KY
Southern New
Minneapolis, MN
Saint Louis, MO
Eastern North Carolina
New York City, NY
Rochester, NY
Cleveland, OH
Oklahoma City, OK
Portland, OR
Pittsburgh, PA
Philadelphia, PA
Columbia, SC
Nashville, TN
Austin, TX
Dallas, TX
Houston, TX
Central Virginia
Puget Sound, WA
Southern WV
Valley
Casper, WY

LNC LOCATOR

All members have the option of being listed in this online search engine. The LNC Locator is a quick and convenient way for attorneys to locate an LNC or nurse expert witness for their litigation team.

Your lack or response will be interpreted as authorization.

YES, I would like my information to be posted on the LNC Locator.

NO, I do not want my information to be posted on the LNC Locator.

Clinical Nursing Experience/Area of Practice (If expert witness, check box and circle area of expertise)

- | | |
|--|--|
| <input type="checkbox"/> ADM Administration | <input type="checkbox"/> NN Neonatal/Newborn |
| <input type="checkbox"/> AMB Ambulatory Care/Outpatient | <input type="checkbox"/> NP Nurse Practitioner |
| <input type="checkbox"/> BDG Birth Defects/Developmental Disabilities/Genetics | <input type="checkbox"/> NR Nursing Research |
| <input type="checkbox"/> BN Burn | <input type="checkbox"/> NS Nursing Standards |
| <input type="checkbox"/> BRN Brain Injury | <input type="checkbox"/> OB Obstetrics |
| <input type="checkbox"/> CHN Community Health | <input type="checkbox"/> OFF Office |
| <input type="checkbox"/> COR Correctional | <input type="checkbox"/> OH Occupational Health |
| <input type="checkbox"/> CS Clinical Specialist | <input type="checkbox"/> ONC Oncology |
| <input type="checkbox"/> CV Cardiovascular | <input type="checkbox"/> OPH Ophthalmology |
| <input type="checkbox"/> DB Diabetes/Nutrition | <input type="checkbox"/> OR Operating Room/Surgery |
| <input type="checkbox"/> ED Education | <input type="checkbox"/> ORT Orthopedics/Sports Medicine |
| <input type="checkbox"/> END Endoscopy/Enterostomy | <input type="checkbox"/> PA Physician Assistant |
| <input type="checkbox"/> ENT Ear Nose & Throat/Otolaryngology | <input type="checkbox"/> PACU Post Anesthesia Care Unit/Recovery Room |
| <input type="checkbox"/> ER Emergency/Trauma | <input type="checkbox"/> PAIN Pain/Stress Management |
| <input type="checkbox"/> FLN Flight Nursing/Paramedic | <input type="checkbox"/> PED Pediatric |
| <input type="checkbox"/> FOR Forensic Nursing/Sexual Assault | <input type="checkbox"/> PHR Pharmacology |
| <input type="checkbox"/> FS Federal Medical Survey | <input type="checkbox"/> PLS Plastic Surgery |
| <input type="checkbox"/> GER Gerontology/Nursing Home | <input type="checkbox"/> PSY Psychiatric/Mental Health/Chemical Dependency |
|
 | <input type="checkbox"/> PUL Pulmonary |
| <input type="checkbox"/> GI Gastroenterology | <input type="checkbox"/> QA Quality Assurance/Assessment |
| <input type="checkbox"/> GNP General Nursing Practice | <input type="checkbox"/> RAD Radiology |
| <input type="checkbox"/> GYN Gynecology | <input type="checkbox"/> RHB Rehabilitation |
| <input type="checkbox"/> HH Home Health | <input type="checkbox"/> RM Risk Management |
| <input type="checkbox"/> HI Head Injury | <input type="checkbox"/> SCI Spinal Cord Injury |
| <input type="checkbox"/> ICU Intensive Care | <input type="checkbox"/> SN School/Camp Nursing |
| <input type="checkbox"/> INF Infection Control/AIDS/Public Health/Epidemiology | <input type="checkbox"/> SS State Medical Survey |
| <input type="checkbox"/> IV Intravenous Therapy | <input type="checkbox"/> TR Transplant |
| <input type="checkbox"/> LD Labor & Delivery | <input type="checkbox"/> TRI Telephone Triage |
| <input type="checkbox"/> MS Medical Surgical | <input type="checkbox"/> UR Utilization Review/Discharge |
| <input type="checkbox"/> NA Nurse Anesthetist | <input type="checkbox"/> URO Urology |
| <input type="checkbox"/> NEP Nephrology | <input type="checkbox"/> WC Wound Care |
| <input type="checkbox"/> NEU Neurology | |
| <input type="checkbox"/> NM Nurse Midwife | |

Medical/Legal Practice Area

- | | |
|--|--|
| <input type="checkbox"/> AHC Administrative Health Care Law | <input type="checkbox"/> PID Personal Injury, Defense |
| <input type="checkbox"/> BAR Billing Audit/Review | <input type="checkbox"/> PIP Personal Injury, Plaintiff |
| <input type="checkbox"/> CA Case Management | <input type="checkbox"/> PIPD Personal Injury, Plaintiff/Defense |
| <input type="checkbox"/> CH Child Abuse | <input type="checkbox"/> PLD Product Liability, Defense |
| <input type="checkbox"/> CM Criminal | <input type="checkbox"/> PLP Product Liability, Plaintiff |
| <input type="checkbox"/> EL Elder Law | <input type="checkbox"/> PLPD Product Liability, Plaintiff/Defense |
| <input type="checkbox"/> EXW Expert Witness | <input type="checkbox"/> PP Post-Partum |
| <input type="checkbox"/> IME Independent Medical Examinations | <input type="checkbox"/> RHB Rehabilitation |
| <input type="checkbox"/> LCP Life Care Planning | <input type="checkbox"/> RM Risk Management |
| <input type="checkbox"/> MMD Medical Malpractice, Defense | <input type="checkbox"/> TT Toxic Torts |
| <input type="checkbox"/> MMP Medical Malpractice, Plaintiff | <input type="checkbox"/> WC Workers' Compensation |
| <input type="checkbox"/> MMPD Medical Malpractice, Plaintiff/Defense | |

Medical/Legal Practice Area

- | | |
|---|---|
| <input type="checkbox"/> BI Business/Industry | <input type="checkbox"/> HSP Hospital |
| <input type="checkbox"/> CF Consulting Firm | <input type="checkbox"/> IND Independent Practice |
| <input type="checkbox"/> GOV Government Agency | <input type="checkbox"/> INS Insurance Company |
| <input type="checkbox"/> HMO Health Management Organization | <input type="checkbox"/> LF Law Firm |

METHOD OF PAYMENT

- Check or Money Order Enclosed
(Payable in US Funds to AALNC)
- Mastercard Visa American Express
- Amount \$ _____
- Card # _____
- Expiration Date _____
- Name on Card _____
- Signature _____

•Membership is valid for one year upon payment. Dues are non-refundable and non-transferable.
•Payment of dues is not tax deductible as charitable contributions for income tax purposes, but may be deducted as a business expense. Please consult your tax advisor.

COMMUNICATIONS

- Yes, I will accept fax, email and telephone communications. By checking this box, and with my signature below, I consent to receive facsimile, e-mail, and telephone communications by, or on behalf of, AALNC, its local chapters and the ALNCCB certification board.
- Signature** _____

I certify that this application was reviewed by me, and that all entries and information are true and complete to the best of my knowledge.

Signature _____

Date _____