

Social Work Hospice & Palliative Care Network New Member Print Application

First name: _____

Last name: _____

Credentials: _____

Job Title: _____

Department/Program: _____

Company/Institution: _____

Primary focus of your work?

- Practice
- Education
- Research
- Policy/Advocacy
- Administration
- Consultation
- Other, please specify: _____

Secondary focus of your work?

- Practice
- Education
- Research
- Policy/Advocacy
- Administration
- Consultation
- Other, please specify: _____

Contact Data

Email Address: _____

Street Address: _____

City: _____

US State/CA Province _____

Zip/Postal Code _____ Country _____

Is this a home or work address? Home Work

Preferred Phone _____

Website _____

Interests and Specialties

Please select your skills and areas of interest

- Advanced care planning
- Caregiving programs
- Coordinated care, disease management, navigator programs
- Experience w/ special populations (e.g. youth, elders, GLBT);
please specify: _____
- Experience w/ conditions (e.g. cancer, dementia, AIDS);
please specify: _____
- Family/support network interventions
- Grief, trauma, loss, and bereavement
- Health disparities, ethnic and cultural differences
- Health education
- Pain and symptom management
- Policy, reimbursement
- Practice sites (e.g. long term care, hospice, cancer center);
please specify: _____
- Professional education - interdisciplinary
- Professional education - social work
- Quality improvement
- Research - clinical, evaluation
- Research (quantitative, quantitative, community participatory);
please specify: _____
- Spiritual and religious issues
- Organizational skills (e.g. fundraising, media, consumer relations, website)
- Other - Please specify: _____

Practice Settings: (if applicable)

Primary practice setting:

- Any setting in which patient resides
- Hospital
- Clinic
- Private Home
- I do not routinely see patients
- Freestanding Hospice
- Nursing Home/Facility
- Prison
- School/University
- Other

Primary type of care: Hospice Palliative Both Other

Primary patient age group: Adult Pediatric Both

Member Services

Please select the items that are most important to you:

- Training programs and curricula
- Web-based resources on hospice and palliative care

- Searchable network membership database (for members only)
- Career opportunities or job openings
- Invitations to discussions and blogs
- Discounts on journals, related organizations and meetings
- Funding sources database
- Mentorship programs
- New books and articles
- Research partnerships
- Free access to journals

Additional resources you would like to see added to SWHPN:

Mentorship

Are you interested in being paired up with a mentor? Yes Not at this time

Are you interested in becoming a mentor? Yes Not at this time

If so, what areas of expertise would you lend to a mentee? _____

Email Newsletter

Would you like to receive our free online newsletter? Yes Not at this time

Please note: You can change your preferences at any time.

My Picture

If you would like to include a photo with your member profile, please email image to membership@swhpn.org. *Note: Max size 110 x 110 pixels, larger images will be resized.*

Demographics - not shared or sold outside of SWHPN

What is your highest level of education?

- Bachelors Masters
- Doctorate Other -- If other, please specify: _____

What other organizations do you belong to? _____

Total years in social work: _____

Total years in hospice/palliative care: _____

Your gender identity: _____

Your age group: _____

Your ethnicity: _____

Comments

How did you first hear about SWHPN?

- Word of mouth
- Event
- Email
- Website

- Web search
- Other
- Did someone refer you to SWHPN?
- Do you have any additional comments or suggestions for us?

Membership Type & Payment

What type of membership are you applying for at this time:

- Professional Member \$95
- Student Member/New Professional \$65

Extras

Would you like to extend your renewal date?

- Add an additional year \$95.00 (USD)
- Add an additional 2 years \$190.00 (USD)
- I'll keep my existing renewal date. \$0.00 (USD)

Would you like to make a donation to SWHPN?

- Level I \$10.00 (USD)
- Level II \$25.00 (USD)
- Level III \$50.00 (USD)
- Level IV \$100.00 (USD)
- Level V \$150.00 (USD)
- Not at this time \$0.00 (USD)

Discount code

Enter discount code: _____

Please send this completed application form, along with your payment made payable to SWHPN, to:

SWHPN
Attn: Membership
1511 Third Avenue, Suite 810
Seattle, WA 98101

Thank you!