

**NP IDAHO MEMBERSHIP APPLICATION  
NEW Professional MEMBER**

Membership Year: \_\_\_\_\_  
(January 1<sup>st</sup> – December 31<sup>st</sup>)

**Annual Fee:** \$60 / year

Recv'd Date: \_\_\_\_\_  
Recv'd By: \_\_\_\_\_  
Paid Amount: \_\_\_\_\_  
Method of Payment: \_\_\_\_\_  
Check #/Last 4-digits: \_\_\_\_\_

*(For Office Use Only)*

Date: \_\_\_\_\_

Name (First Middle Last): \_\_\_\_\_

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

**Contact Information for NPI uses only:**

Home Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

Cell/Pager Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

What is the best way to reach you? \_\_\_\_\_

**Employment Information for NP locator on npidaho.org:**

Practice Site: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Actively practicing as an NP: \_\_\_\_\_ YES \_\_\_\_\_ NO If NO *(please circle)*: \_\_\_\_\_ last year practiced / retired

Do you serve as a Preceptor: \_\_\_\_\_ YES \_\_\_\_\_ NO Do you do LOCUM TENENS: \_\_\_\_\_ YES \_\_\_\_\_ NO

**Highest Earned Degree (Please circle one):**

Doctorate    Post-Masters    Masters    Bachelor's w/Cert.    Associate's w/Cert.    Diploma w/Cert.

Name of School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

YEAR OF NP PROGRAM COMPLETION: \_\_\_\_\_ NP Program Specialty: \_\_\_\_\_

**NP Certification Organization (Check all that apply):**

\_\_\_\_\_ AANP \_\_\_\_\_ NCC \_\_\_\_\_ ANCC \_\_\_\_\_ ONCC \_\_\_\_\_ PNCB \_\_\_\_\_ Other: \_\_\_\_\_

**Licensure Information:**

State(s) of Licensure (list all): \_\_\_\_\_

NP Specialty: \_\_\_\_\_ NP License #: \_\_\_\_\_

**SUMBIT Registration Form and Payment: NPI, Inc. - 5120 W. Overland Rd. # 218 - Boise, Id 83705**

\_\_\_\_\_ Check enclosed payable to : NP Idaho    \_\_\_\_\_ C redit Card

Card # \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

O  
R  
I  
G  
I  
N  
A  
L  
  
N  
E  
W  
  
P  
R  
O  
F  
E  
S  
S  
I  
O  
N  
A  
L  
  
M  
E  
M  
B  
E  
R  
  
A  
P  
P  
L  
I  
C  
A  
T  
I  
O  
N