

3.

PROFESSIONAL INFORMATION

Current Practice:

- Acute Care, inpatient
- Community agency
- University/College
- Other _____
- Cancer Centre, ambulatory
- Home care
- Oncology community clinic
- Cancer Centre, inpatient
- Pediatrics
- Retired

Education:

- Diploma
 - Baccalaureate in:
 - Masters in:
 - Doctorate in:
 - Graduate Work in Oncology
 - Other _____
 - CNA Certification (CON(C))
 - Nursing
 - Nursing
 - Nursing
 - Other _____
 - Other _____
 - Other _____
 - Other _____
- Enrolled in: _____

Experience:

- Total Years in Nursing: • 0-5 • 6-10 • 11-15 • 16-20 • over 20 years
- Total Years in Oncology: • 0-5 • 6-10 • 11-15 • 16-20 • over 20 years
- Focus of Care:
- Active Treatment
 - Genetic Counselling
 - Other _____
 - Health Promotion
 - Screening
 - Supportive Care
 - Palliative Care

Major Type of Cancer Population:

- Breast
- Head & Neck
- Other _____
- Lung
- HEM/ONC
- GI
- CNS
- GU
- GYN

Primary Area(s) Research of Practice:

- Administration
- Clinical Practice
- Education
- Other _____

4.

PAYMENT INFORMATION

Check Payment Checks should be made payable to: **The International Society of Nurses in Cancer Care (ISNCC)**
 (Drawn on a US or Canadian Bank)
 Charity No.: 1015524

Credit Card Payment

Card Type: MasterCard** Visa** American Express**

Card No: _____ Expiry Date: _____

Name on Credit Card: _____

Signature: _____

** The charges will appear on your credit card statement as 'The International Society of Nurses in Cancer Care'

Wire Transfer
 Please contact the ISNCC Secretariat for wire transfer information.

5.

YOUR FEEDBACK

We would appreciate your input. Please let us know what initiatives/activities you would like to see:

Please submit **all three** pages of this Individual Membership Renewal Form along with payment to:

ISNCC Secretariat
375 West 5th Ave, Suite 201
Vancouver, BC V5Y 1J6 Canada

Tel: 604-630-5516
Fax: 604-874-4378
E-mail: info@isncc.org

Credit card payments may be faxed to the ISNCC Secretariat at 604-874-4378

