



## Liberian Advanced Practice Providers Network

### Membership Application

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

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (    ) - \_\_\_\_\_ [Mobile]  
(    ) - \_\_\_\_\_ [Home]  
(    ) - \_\_\_\_\_ [Business]

**Are you currently active in clinical practice as an NP?** (Please circle one):  
Yes                  No

**Are you engaged in non-clinical or volunteer work as an NP?**  
(Circle one): Yes                  No

Which state(s) are you currently practicing in? \_\_\_\_\_

License Number: \_\_\_\_\_

What is/are your area(s) of specialty? \_\_\_\_\_

List all that apply: \_\_\_\_\_

**Practice setting: (Circle all that apply)**

Hospital

Clinic

Homecare

Long term care

Mental Health

Visit us online @ <https://lappn.org>

**Current Employment(s):**

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**Current Position Title:** \_\_\_\_\_

**Are you available to be a preceptor or mentor?** Yes: (    ) No: (    )

**Demographics (optional): Gender:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

**Birth Year:** \_\_\_\_\_

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**Please choose your membership type:**

[    ] \$150 - Nurse Practitioner with current certification and license.

[    ] \$ 75 - Student currently enrolled in an entry-level NP program.

[    ] \$ 95 - Associates member (unlicensed NP) or friends of LAPPN.

**Method of Payment:** Check/cash  Credit Card  Venmo  Zelle  CashApp

**Payment Amount:** \$ \_\_\_\_\_

**Authorizing Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_