

## Eta Iota Chapter of Sigma Theta Tau International

### Member Profile

**Instructions:** Eta Iota Chapter is working on updating its membership directory to accommodate future chapter-wide and intra-chapter communication. Please save this form on your computer, fill in the blanks and email it to [s.tracy@unh.edu](mailto:s.tracy@unh.edu) at your first opportunity. Thank you in advance.

Salutation: Ms. \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Dr. \_\_\_\_\_

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ First Name: \_\_\_\_\_

Current mailing address: No. & Street \_\_\_\_\_

City: \_\_\_\_\_ Zip code \_\_\_\_\_

Current email address: \_\_\_\_\_

Level of Education: BSN \_\_\_\_\_ MN \_\_\_\_\_ MS \_\_\_\_\_ NP \_\_\_\_\_ CNL \_\_\_\_\_

CNS \_\_\_\_\_ PhD \_\_\_\_\_ EdD \_\_\_\_\_ Other (specify) \_\_\_\_\_

Years in practice: 1-5 \_\_\_\_\_ 6-10 \_\_\_\_\_ 11-15 \_\_\_\_\_ 16-20 \_\_\_\_\_ 21-25 \_\_\_\_\_

26-30 \_\_\_\_\_ 31-35 \_\_\_\_\_ >35 \_\_\_\_\_

Primary practice environment: Acute care agency \_\_\_\_\_ Extended care \_\_\_\_\_

Community health agency \_\_\_\_\_ Psychiatric facility \_\_\_\_\_

Clinic \_\_\_\_\_ Dr. Office \_\_\_\_\_ Private practice \_\_\_\_\_

Other (specify) \_\_\_\_\_

Clinical areas of interest:

Research interests:

To what extent would you be willing to contribute a small amount of your time (a few hours) to chapter activities, such as helping with a newsletter, assisting with chapter mailings, helping with phone calls related to chapter programs, etc.

Very willing \_\_\_\_\_ Willing \_\_\_\_\_ Convince me \_\_\_\_\_ Unable to help at this time \_\_\_\_\_