Louisiana Association of Nurse Practitioners

2016 Primary Care Conference Registration

REGISTRANT INFORMATION

Last name:	First:	Middle:

Name as you would like it to appear on your certificate	**Birth date**	**Sex** (please circle)
		Male Female

Preferred Mailing Address:

Work Phone	**Home Phone**	**Cell Phone**

Professional Title	**Email Address**

□ Check box if you allow us to release your email address to exhibitors.

EDUCATIONAL INFORMATION

Highest Degree Earned		**Name of School**	**City/State**
□ Doctorate □ Master's □ Bachelor's	□ Associate's □ Diploma		
Years in Nursing		**LANP Region**	

PROFESSIONAL INFORMATION

NP Certification Organization (circle all that apply)

AANPCP ANCC NCC ONCC PNCB

Do you serve as a preceptor? (please circle)

Yes No

NP Specialty (First specify one primary, then check all additional secondary specialties)

Primary	**Secondary**		**Primary**	**Secondary**	
□	□	Acute Care	□	□	Oncology
□	□	Adult	□	□	Pediatric
□	□	Family	□	□	Psychiatric/Mental Health
□	□	Gerontological			
□	□	Neonatal	□	□	Women's Health

Other APN: CAN CNM CNS

Clinical Subspecialty (check all that apply)

□ Allergy/Immunology	□ Nephrology	□ Rheumatology
□ Cardiovascular	□ Neurology	□ School Health
□ Complementary	□ Occupational Health	□ Sleep Medicine
□ Dermatology	□ Oncology	□ Sports Medicine
□ Emergency	□ Orthopedics	□ Urology
□ Endocrinology	□ Otolaryngology	□ Wound Care
□ Gastroenterology	□ Pain Management	□ Other
□ HIV/AIDS	□ Palliative	
□ Infectious Disease	□ Respiratory/Pulmonology	

NP Practice Setting (check all that apply)

□ College Health	□ Migrant Health Care
□ Community Based Primary Care	□ Military/DoD
□ Correctional/Prison Facility	□ Private NP Practice
□ Emergency Room/Urgent Care	□ Private Physician Practice
□ Employee/Occupational Health	□ Psychiatric/Mental Health Facility
□ Health Department	□ Rehabilitation Facility
□ Home Health Care	□ Retail Based Clinic
□ Hospice/Palliative Care	□ Rural Health Clinic
□ Hospital Critical Care	□ Rural Health Other
□ Hospital Inpatient Care	□ School Health
□ Hospital Outpatient Care	□ VA Facility
□ Indian Health Service	□ None
□ Long-Term Care Facility	□ Other _____
□ Managed Care	

Type of Practice Rolls Performed

Administration Clinical Practice Faculty Research

Are you actively practicing as an NP?

□ Yes
□ No, currently looking for an NP position
□ No, retired – last year practiced as an NP_____
□ No, other – last year practiced as an NP _____

Salary Range

□ < $70,000	□ $91,000-95,000
□ $71,000-75,000	□ $96,000-100,000
□ $76,000-80,000	□ $101,000-105,000
□ $81,000-85,000	□ >$105,000
□ $86,000-90,000	

ADDITIONAL INFORMATION (circle as applicable)

How many times per week do you consult with your collaborating physician?

_____

Accept Medicare? Yes No

% of Medicare Pts.: _____

Accept Medicaid? Yes No

% of Medicaid Pts.: _____

% of uninsured Pts.: _____

Are you interested in volunteering during the conference? Yes No

$50 of my registration fee may be donated to the PAC fund. I understand that I am NOT paying an additional fee for registration. Yes No

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CONFERENCE SESSIONS SELECTION

Please write the entire session number for your preferred selections. Where applicable, indicate your 1st, 2nd and 3rd choice. No selection is guaranteed. If no selections are provided, conference staff will not register you. Please Note: During a timeframe, you can register to attend only one session.

SOME WORKSHOPS REQUIRE ADDITIONAL FEES. Please print legibly.

SUNDAY, SEPTEMBER 18, 2016

	1st CHOICE	*2ND CHOICE*	*3RD CHOICE*
9:00 AM - 12:00 PM – MORNING WORKSHOPS	_____	_____	_____
1:30 PM - 5:30 PM - AFTERNOON WORKSHOPS	_____	_____	_____

MONDAY, SEPTEMBER 19, 2016

	1st CHOICE	*2ND CHOICE*	*3RD CHOICE*
7:30 AM - 9:00 AM – 1ST BREAKOUT SESSION (A)			
9:30 AM - 10:30 AM – GENERAL SESSION I			
12:50 PM - 2:50 PM – AFTERNOON WORKSHOPS			
11:45 PM – 12:45 PM – PRODUCT THEATER - INVOKANA			
12:50 PM - 1:50 PM – 2ND BREAKOUT SESSION (B)			
2:00 PM - 3:00 PM – 3RD BREAKOUT SESSION (C)			
3:30 PM - 5:30 PM – AFTERNOON WORKSHOPS			
3:30 PM - 4:30 PM – 4TH BREAKOUT SESSION (D)			
4:40 PM - 5:40 PM – 5TH BREAKOUT SESSION (E)			

TUESDAY, SEPTEMBER 20, 2016

	1st CHOICE	*2ND CHOICE*	*3RD CHOICE*
8:00 AM - 10:00 AM - AANP SESSIONS			
9:10 AM - 11:10 AM - MORNING WORKSHOPS			
9:10 AM - 10:10 AM – 1ST BREAKOUT SESSION (F)			
10:45 AM - 11:45 AM – 2ND BREAKOUT SESSION (G)			
12:10 PM – 1:10 PM – LUNCH Product Theater (CEs)			
1:50 PM - 3:50 PM – AFTERNOON WORKSHOPS			
1:50 PM - 2:50 PM – 3RD BREAKOUT SESSION (H)			
2:55 PM - 3:55 PM – 4TH BREAKOUT SESSION (I)			
4:00 PM - 5:00 PM – 5TH BREAKOUT SESSION (J)			

WEDNESDAY, SEPTEMBER 21, 2016

	1st CHOICE	*2ND CHOICE*	*3RD CHOICE*
9:10 AM - 11:10 AM – MORNING WORKSHOPS			
9:10 AM - 10:10 AM – 1ST BREAKOUT SESSION (K)			
10:20 AM - 11:20 AM – 2ND BREAKOUT SESSION (L)			

This program has been submitted to AANP for accreditation and is pending approval for up to 27 contact hours of continuing education (which includes up to 17.99 hours of pharmacology) by the American Academy of Nurse Practitioners.

Have general conference questions or suggestions? Email us at conference@lanp.org

Louisiana Association of Nurse Practitioners

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	NP Member		Student Member		NP Non-Members		Student Non-Members	
	Until 8/18/2016	Regular	Until 8/18/2016	Regular	Until 8/18/2016	Regular	Until 8/18/2016	Regular
Full Conference	$395	$475	$100	$150	$545	$625	$200	$250
Monday Only	$200	$250	$80	$100	$260	$325	$100	$125
Tuesday Only	$200	$250	$80	$100	$260	$325	$100	$125
Wednesday Only	$120	$150	$60	$75	$200	$250	$80	$100
Monday & Tuesday	$395	$450	$100	$150	$520	$625	$200	$250
Tuesday & Wednesday Only	$320	$420	$100	$150	$460	$560	$180	$250
Sunday Only (If not attending the conference)	$25.00							

SUBTOTAL REGISTRATION FEE:

Workshops with Additional Fees

- □ **Minor Office Procedures** (SW.01) $100
- □ **Code Smarter, Not Work Harder** (SW.02) $50
- □ **GYN Workshop** (SW.03) $100
- □ **Splinting and Extremity X-rays** (SW.04) $50
- □ **Basic Suturing** (SW.05A) $50
- □ **Advanced Suturing** (SW.05B) $50
- □ **Breast Cancer: A Comprehensive Review** (SW.06) $50
- □ **Advanced 12 lead EKG Interpretation Workshop** (SW.07) $50
- □ **EENT Workshop** (SW.08) $100
- □ **NP Students: The Force Awakens --After the Paperwork Dust Clears** (MW.15) $25
- □ **Advanced Suturing** (TW.16) $50

SUBTOTAL WORKSHOP FEE:

PAYMENT INFORMATION

Forward registration form & payment to:
Louisiana Association of Nurse Practitioners, PO Box 1359, Thibodaux, LA 70302

GRAND TOTAL DUE:

- □ Enclosed is my check payable to: Louisiana Association of Nurse Practitioners
- □ Please charge to my credit card: Visa Mastercard American Express

Card Number_____ Expiration Date_____ Billing Zip Code_____

Cardholder Name_____Signature_____
(Please print)