

PENNSYLVANIA ASSOCIATION OF PERIANESTHESIA NURSES



The Nancy Phillips Memorial CPAN/CAPA Certification Exam Scholarship Application Form

Name: _____

Address: _____

Telephone (H) _____ (W) _____

E-mail address: _____

Years in Nursing ____ Years in PeriAnesthesia Nursing ____

Active employment in PeriAnesthesia nursing:

Area of practice: _____

Employer address: _____

Manager signature: _____

Certifications: _____

Reason for request: (100 words or less; may attach typed document)

ASPAN/PAPAN membership number: _____

Number of years of active ASPAN/PAPAN membership: _____

PAPAN member contributions: (list and include year)

Officer _____

Board Member _____

Committee Chair _____

Committee Member _____

New Member Recruitment _____

PAPAN (PeriAnesthesia PRIDE) conference attendance:

Conference year _____ Conference year _____

Conference year _____ Conference year _____

ASPAN National Conference attendance:

Conference year _____ Conference year _____
Conference year _____ Conference year _____

Professional awards, presentations, publications: _____

Mail application to Marketing and Membership Chairperson
Info@papanonline.org

Must be mailed/postmarked no later than January 31.