CERTIFIED NURSE LIFE CARE PLANNER CERTIFICATION BOARD

APPLICATION FOR MEMBER POSITION
THE DEADLINE FOR APPLICATION SUBMISSION IS NOVEMBER 1, 2011

Complete this form and mail with resume to:

CNLCP CERTIFICATION BOARD
Attention: April Pettengill, RN, CRRN, CDMS, CNLCP, MSCC
Address: 195 Goodrich Hill Road, Fairfax, VT 05454

You may also submit electronically by scanning this completed form, your license, and your CV then email all documents as a PDF attachment to Ms. Pettengill at april@alpmedicalconsultants.com.

NAME: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BUSINESS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____ BUSINESS TELEPHONE: _____

CELL: _____ FAX: _____ E-MAIL: _____

RN LICENSE #: _____ CNLCP CERTIFICATION #: _____ AANLCP MEMBER #: _____

PLEASE EXPLAIN YOUR INTEREST IN APPLYING FOR THE CERTIFICATION BOARD APPOINTMENT SUCH AS EXPERIENCE AND QUALIFICATIONS THAT YOU FEEL WILL CONTRIBUTE TO THE CERTIFICATION BOARD.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SIGNATURE _____ DATE _____

DEADLINE FOR APPLICATION IS NOVEMBER 1, 2011