

CPNP

THE **NASPGHAN** COUNCIL FOR
PEDIATRIC NUTRITION PROFESSIONALS

NASPGHAN Council for Pediatric Nutrition Professionals (CPNP) MEMBERSHIP APPLICATION

The purpose of this Council is to advance the knowledge of nutrition professionals in normal and abnormal nutrition in children; to promote the professional development and recognition of nutrition professionals as experts in their respective pediatric specialties; to promote excellence in the nutrition care of children, and to foster collaboration amongst pediatric nutrition professionals in order to develop and standardize best practice.

Full membership is extended to any professional with a focused interest and active involvement in pediatric nutrition in North America: Registered Dietitians; and Dietetic Technicians, Registered.

Qualifications:

- Registered Dietitians who perform supervisory, teaching, clinic, acute care, research, technical or administrative duties in the field of pediatric nutrition will be eligible for full membership.
- Dietetic Technicians, Registered who perform teaching, clinic, acute care, research or technical duties in the field of pediatric nutrition also will be eligible for full membership.
- All applicants must be employed either full or part-time and be a resident or citizen of a country in North America.

Associate membership is extended to dietetic students, Nurses, Advanced Practice Practitioners, Physicians, Fellows, Commercial company representatives, international applicants, Physician's Assistants, or any person engaged or enrolled in activities relevant to the practice of pediatric nutrition, or who works in the field of pediatric nutrition who does not meet criteria for full membership. Associate members have all the privileges of full membership with the exception of voting.

Council for Pediatric Nutrition Professionals
APPLICATION FORM

All applicants must complete this application and provide a CV for consideration.

Name: _____ Degree: _____

Gender: _____ Birth Date: _____ Email: _____

Institution Name: _____

Address:

Phone: _____ Fax: _____

Home Address:

Preferred Mailing Address: Home _____ Institution: _____

How did you learn about CPNP? _____

If you would like to be included in our listserv, please provide your preferred email address so that we may add you: _____

We would love to follow you on Twitter! If you would like, please give us your Twitter handle so that we can request to follow you: _____

Applying for:

Full Membership

Associate Membership

Annual Dues are \$25 for Full and Associate members

I would like to purchase a subscription to the Journal of Pediatric Gastroenterology and Nutrition (\$60)

Total: _____

Check enclosed Credit Card: Visa, MasterCard, Discover, American Express

Card number: _____

Expiration Date: _____ Verification Code: _____

Make Checks payable to NASPGHAN - CPNP

Please mail or fax application form to NASPGHAN, 714 N. Bethlehem Pike, Suite 300, Ambler, PA 19002 Fax:

215-641-1995