

OPNA Member Information

Personal Contact Information *(for association use and its members and if agreed find a Podortho Nurse tool)*

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

HOME PHONE/CELL _____ EMAIL _____

Business Contact Information

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

BUSINESS PHONE/CELL _____ EMAIL _____

BUSINESS WEBSITE _____ BUSINESS FACEBOOK _____

Professional Information

Credentials: RN RPN RN (Ec)

PROFESSIONAL NURSING REGISTRATION / LICENSE NUMBER _____

PROFESSIONAL ASSOCIATION/LIABILITY INSURANCE NUMBER _____

Additional Credential / Continuous Educational Programs Achieved

- | | |
|--|--|
| <input type="checkbox"/> WOUND CARE | <input type="checkbox"/> PUBLIC HEALTH SAFETY REGULATIONS FOR REPROCESSING INSTRUMENTS |
| <input type="checkbox"/> COMPRESSION THERAPY | <input type="checkbox"/> BIOMECHANICS AND ORTHOTIC THERAPY |
| <input type="checkbox"/> NAIL BRACE | <input type="checkbox"/> PHOTO THERAPY/ LASER THERAPY |

OTHER ASSOCIATIONS YOU BELONG TO:

NAME OF CURRENT EMPLOYER/ SELF EMPLOYED _____

HOW MANY YEARS HAVE YOU BEEN PRACTICING NURSING FOOT & LOWER LIMB CARE? _____

NAME OF SCHOOL/INSTRUCTOR FOR ADVANCED NURSING FOOT CARE/PODORTHO NURSING _____

I give permission to the association to send me updates on topics related to my industry via social media or e-mail. Yes NO

I give permission to be added (business contact) publicly to Find a Podortho Nurse tool. Yes NO

I have completed this form personally and the information I have given is correct. I understand that the information I have provided will need to be verified. I give consent to the board of directors to confirm my status as a registered member of the College of Nurses of Ontario and Nursing associations relevant to my title.

OPNA Membership Cancellation Policy

The Ontario Podortho Nursing Association is a non-profit organization that is committed to delivering optimum membership benefits to regulated health care provider's RN's, RPN's, Pod. Ns members. The OPNA is primarily funded by membership fees, which in return enhances the quality of the association and benefits offered to members. As the OPNA expands, board members have a greater opportunity to advocate on the behalf of the Podortho Nursing profession. The OPNA encourages commitment to a full 1-year membership term and continued renewal; however, membership cancellations are permitted at the end of one-year term (December 31). A canceller must provide the OPNA with a written cancellation notice 30 days prior to membership renewal, to avoid cancellation fees. Additional OPNA membership cancelation guidelines include;

- Members must pay in full for one year. Memberships require a written cancelation notice at least 30 day prior to the anticipated cancelation date.
- Membership cancellers decline all associated OPNA membership rights, including the practicing title "Podortho Nurse" and waive the right to use any affiliated OPNA material or benefits gained through active membership.
- The membership canceller understands legal action may be taken if they fail to adhere to the terms outlined within the OPNA policies.
- The OPNA reserves the right to cancel OPNA memberships if members are not compliant to rules and regulations outlined within the policy and in accordance with best nursing practices outlined by the College of Nurses of Ontario.
- The OPNA is not obligated to refund membership fees outside of these guidelines

SIGNATURE

DATE

By typing my name above and including the date - I acknowledge this will be treated as my signature when submitting the form online.

PRINT YOUR NAME (NOTE: Only to be done if you are not submitting this form online)