

This application applies to **new** members or members who would like to **change or update** their current information with NAFC. For all professionals who would like to renew membership, go to www.nafc.org under "Online Store" and purchase a Professional Membership.

PROFESSIONAL MEMBER BENEFITS

- Listing on NAFC's "Find An Expert" online database, including a live link to your web site
- NAFC's educational brochures, leaflets, and booklets for patients at deeply discounted pricing for bulk orders
- Sample of NAFC's pelvic muscle exercise kits and booklets, upon request
- Free subscription to NAFC's periodicals, including: *Resource Guide®* Directory of Products & Services, *Discoveries®* and quarterly *Quality Care®* newsletters
- Free handouts directing patients to NAFC's Web site and other samples of educational leaflets in new member "starter kit"
- NAFC Professional Member certificate suitable for framing
- The Affiliates Bulletin, an electronic tri-annual newsletter devoted to the interests of health professionals in the field of continence care
- Access to NAFC staff for research, advocacy and public relations assistance
- Promotion of health professionals' Webcasts and Webinars on NAFC's homepage

OPTIONAL BONUSES (check to indicate your interest)

NAFC is regularly contacted by national media. With your permission, we provide names of our professional members for media interview opportunities. (Please check below if you are willing to be contacted)

- YES! I am interested in participating in national media briefings and local speaking engagements. List me on your Web site for journalists seeking experts.
- YES! I would like to be a recognized, primary source for authoring newsletter articles and booklets published by NAFC or serving as a clinical reviewer.

In order to demonstrate your professional interest and training in incontinence and pelvic floor dysfunction to consumers, we wish to supply the following profile information about you in our "Find An Expert" service.

I. Contact Information

Name and Professional Credentials: _____

Name of Practice: _____

Practice Setting (check one):

- Academic medical center Private clinic Other _____
- Community hospital Rehab therapy

Specialty (check one):

- Urology Gastroenterology Geriatrics Primary Care
- OB/GYN Colon & Rectal Surgeon Nurse Managed Clinic Other: _____
- Urogynecology General Surgery Physical Therapy & Rehab Center

Patient Focus (check one):

- Adult only Men only Family-all ages
- Women only Pediatric only Elderly only

Clinic Street Address: _____

City/State/ZIP code: _____

Clinic Mailing Address (if different from above): _____

Telephone _____ Fax _____ Nurse Educator Name _____

Email Address _____ Web site _____

Please join NAFC in our "green" efforts by providing us with your email address. We look forward to protecting our environment while staying connected with you through cost savings technology. To ensure that NAFC's important email messages are not filtered into your Spam, Junk, or Bulk Mail folder, please add us to your safe sender list. Visit www.safesenderlist.com for instructions.

ALL APPLICANTS

II. Please attach or enclose by mail a biographical sketch or curriculum vitae for our records.

III. Check the procedures and treatment for bladder and bowel control problems and/or pelvic floor disorders provided in your clinic, by you or your colleagues under your supervision. (Check all that apply)

A. Behavioral/Self-Management

- Fluid management and dietary instruction
- Bladder training, prompted voiding, and toileting programs
- Pelvic floor muscle exercise instruction, with or without assistive devices
- Pessary fitting for pelvic organ support
- Intermittent self-catheterization instruction
- Suprapubic and/or urethral indwelling catheter placement
- Use of female containment devices (e.g., urethral devices)
- Use of male containment devices (e.g., external catheters, penile clamps, etc.)
- Pulsed magnetic therapy
- Perineal skin care

B. Minimally Invasive Therapy and Treatment

- Biofeedback
- Pelvic floor electrical stimulation
- Peripheral nerve stimulation (e.g., tibial nerve)
- Microwave, laser, & other energy treatment for BPH or SUI
- Injection therapy

- Treatments and medications for male erectile dysfunction
- Prescription drugs for bladder control problems (e.g. overactive bladder) and voiding dysfunction (e.g. retention or flow)

C. Surgical Treatments

Women Only:

- Abdominal sacral colpopexy
- Bladder neck suspension (laparoscopic, needle, or retropubic)
- Sling procedures, with or without synthetic mesh
- Reconstructive procedures for prolapse, with or without mesh

Men Only:

- Artificial urinary sphincter implant
- Male sling procedure
- Transurethral resection of the prostate

Both Genders:

- Sacral nerve implantation
- Anal sphincterplasty
- Anal sphincter prosthesis

IV. Indicate credentials and special training that may be relevant to the selection of you as a preferred provider.

Does someone on your staff speak Spanish or are you able to accomodate Spanish-speaking callers and patients? (check, if yes)

MEDICAL DOCTORS ONLY - 1 YEAR: \$145 | 2 YEAR: \$265 | 3 YEAR: \$360 (Please circle one)

A. Current membership in one or more of the following societies (Check all that apply)

- American Association of Gynecologic Laparoscopists (AAGL)
- American Association of Genitourinary Surgeons (AAGUS)
- American College of Obstetricians and Gynecologists (ACOG)
- American Gastroenterological Association (AGA)
- American Society of Colon and Rectal Surgeons (ASCRS)
- American Urological Association (AUA)
- American Urogynecology Society (AUGS)
- International Continence Society (ICS)
- International Urogynecological Association (IUGA)
- Society of Urodynamics and Female Urology (SUFU)
- Society of Women in Urology (SWIU)

B. Completion of a post-doctoral fellowship in:

- Female Urology
- Neurourology
- Urogynecology
- Gastroenterology
- Other _____

ALLIED PROFESSIONALS ONLY - 1 YEAR: \$75 | 2 YEAR: \$135 | 3 YEAR: \$180 (Please circle one)

A. Completion of an accredited professional program of study and state licensure to practice nursing, physical therapy, occupational therapy, etc.

Degree: _____ State: _____

B. Membership in one or more of the following professional organizations offering continuing education to its members

(Check all that apply)

- American Physical Therapy Association – Section on Women’s Health (APTA)
- Association of Rehabilitation Nurses (ARN)
- Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN)
- American Occupational Therapy Association
- Nurse Practitioners in Women’s Health (NPWH)
- Society of Urologic Nurses and Associates (SUNA)
- Wound Ostomy Continence Nurses (WOCN)

Credit Card Type/Number _____	Exp. Date _____	Security Code _____
Total Amount _____	Name on Card _____	Signature _____

Submit this document and a bio or C.V. by fax (843)377.0905 or mail with payment to NAFC, PO Box 1019, Charleston, SC 29402. You may also visit the Professional Members section of our Web site to fill out this application and make payment.