

Membership Application

We invite new Members to apply for Membership throughout the year.
Applications are considered by the Association's Board on an ongoing basis.



Memberships (please check one)

- Active Member**- An organization that provides residential long term or post acute 24 hour nursing care for children with complex medical needs (see reverse side)
- Affiliate Member**- A Retired Administrator/Nurse/Physician/Therapist, teaching professional at a College/University or an individual not employed by an organization that qualifies for Active Membership

Organization _____

Main Contact _____

Credentials _____ **Title** _____

Address _____

City/ST/Zip _____

Phone _____ **Contact Email** _____

Other Professional Association Memberships _____

Committees

Are you (or any member of your organization) interested in serving on a committee? If so, please check your area(s) of interest and we will contact you with more information.

- Advocacy**
Reviews state and federal regulatory requirements, financial reimbursement and how the Association can support its members nationally
- Clinical Practice**
Create common language for quality measures and develop standards of practice
- Education**
Annual Conference planning, along with broadening educational opportunities
- Membership**
Works to improve Member resources and grow our voice for the children and families we serve
- Research**
Establish benchmarks to research areas

Questions- LBierly@PediatricComplexCare.org or 732.608.5350. Please email applications or send to: Pediatric Complex Care Association, 1827 Old Freehold Road, Toms River, NJ 08755

Active Member applicants must complete reverse side

License & Children Served

Check license type(s), number of pediatric beds per license, annual number of children served and approximate age breakdown:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Group Home	ICF/IID*	Rehab Facility	SNF*	
_____ # Licensed beds	_____ # Licensed beds	_____ # Licensed beds	_____ # Licensed beds	
_____ # Children served	_____ # Children served	_____ # Children served	_____ # Children served	
Age groups to total 100%:	Age groups to total 100%:	Age groups to total 100%:	Age groups to total 100%:	
_____ % Infant 0-24 mos	_____ % Infant 0-24 mos	_____ % Infant 0-24 mos	_____ % Infant 0-24 mos	
_____ % Preschool 2-5	_____ % Preschool 2-5	_____ % Preschool 2-5	_____ % Preschool 2-5	
_____ % Child 6-12	_____ % Child 6-12	_____ % Child 6-12	_____ % Child 6-12	
_____ % Adolescent 13-18	_____ % Adolescent 13-18	_____ % Adolescent 13-18	_____ % Adolescent 13-18	
_____ % Young Adult 19-21	_____ % Young Adult 19-21	_____ % Young Adult 19-21	_____ % Young Adult 19-21	
_____ % Adult 22 & up	_____ % Adult 22 & up	_____ % Adult 22 & up	_____ % Adult 22 & up	

*ICF/IID-Intermediate Care Facility for Individuals with an Intellectual Disability (formerly ICF/MR)
*SNF-Skilled Nursing Facility

What are approximate percentages of diagnosis types for all the children you serve:

_____ % Brain Injury or Deficit	_____ % Dialysis	_____ % Palliative Care	_____ % Spasticity	_____ % Ventilator / Respiratory Care
_____ % Cognitively Intact	_____ % Gastrostomy	_____ % Seizure Disorders	_____ % Specialized Rehab	_____ % Other _____

Financial Designation

For Profit Nonprofit 501(c)(3) Government Other _____

Staff

_____ Full Time _____ Part Time Total Number of Employees _____

Primary sources of funding include (total should equal 100%)

___ % Medicaid ___ % Medicare ___ % Private Pay ___ % Insurance ___ % Other

Electronic Medical Records (EMR)

Do you currently use an EMR system? Yes No

If yes, what system do you use? _____

What are the most pressing issues for your organization?

Designate up to twelve key staff for Member access to PediatricComplexCare.org:

Name, Title & Email	Name, Title & Email
_____ Main Member Contact from application front + 11	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____