

**CERTIFIED NURSE LIFE CARE PLANNER CERTIFICATION BOARD**

**APPLICATION FOR MEMBER POSITION  
THE DEADLINE FOR APPLICATION SUBMISSION IS OCTOBER 1, 2010**

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](mailto: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.

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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