

**CENTRAL VIRGINIA CHAPTER**  
**AALNC**  
AMERICAN ASSOCIATION OF  
LEGAL NURSE CONSULTANTS

**Mail your completed application and thirty dollar (\$40) payment to:**

Treasurer  
CVC-AALNC  
PO Box 29304  
Richmond, VA 23242

**GENERAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Credentials (e.g., BSN RN LNCC):  
\_\_\_\_\_

How did you find out about our chapter? \_\_\_\_\_

If referred by someone, please let us know who: \_\_\_\_\_

**Preferred Mailing Address:\***    Business    Home  
Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Preferred Telephone:\***    Business    Home  
Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Web-site: \_\_\_\_\_

\* Please circle one to indicate where you prefer to receive mail and be contacted via phone.  
Note: If your home address is preferred, a company **will not** appear in any directories published by CVC-AALNC.

**Description of your business/position (what you do) \*:**  
\_\_\_\_\_  
\_\_\_\_\_

\* This information will be included in the chapter directory.

**PROFESSIONAL INFORMATION**

RN License number: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date \_\_\_\_\_

AALNC membership number\*: \_\_\_\_\_

\*Membership in AALNC **required** for membership in local chapters.

**Clinical Nursing Experience/Area of Practice:**

\_\_\_\_\_

**AALNC and professional Activities:**

\_\_\_\_\_

**Medical/Legal Practice Area(s):**

- |  |  |  |
|--|--|--|
| <input type="radio"/> Administrative Health Care Law   | <input type="radio"/> Life Care Planning             | <input type="radio"/> Product Liability, Plaintiff |
| <input type="radio"/> Billing Audit Review             | <input type="radio"/> Medical Malpractice, Defense   | <input type="radio"/> Product Liability, P/D       |
| <input type="radio"/> Case Management                  | <input type="radio"/> Medical Malpractice, Plaintiff | <input type="radio"/> Risk Management              |
| <input type="radio"/> Child Abuse                      | <input type="radio"/> Medical Malpractice, P/D       | <input type="radio"/> Toxic Torts                  |
| <input type="radio"/> Criminal                         | <input type="radio"/> Personal Injury, Defense       | <input type="radio"/> Workers' Compensation        |
| <input type="radio"/> Elder Law                        | <input type="radio"/> Personal Injury, Plaintiff     | Other _____  |
| <input type="radio"/> Expert Witness*                  | <input type="radio"/> Personal Injury, P/D           |  |
| <input type="radio"/> Independent Medical Examinations | <input type="radio"/> Product Liability, Defense     |  |

\*Testifying experts, please specify areas of expertise:

\_\_\_\_\_

**Medical/Legal Practice Setting:**

- Business/Industry
- Consulting Firm
- Government Agency
- Health Management Organization
- Hospital
- Independent Practice
- Insurance Company
- Law Firm
- Other \_\_\_\_\_

- I agree to be included in the chapter directory distributed to CVC-AALNC members only.
- I understand I must join National AALNC prior to joining the local central Virginia chapter.
- I understand I must remain a member of AALNC in order to maintain CVC membership.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

*Membership is valid for one year upon payment. Dues are non-refundable and non-transferable. Payment of dues is not tax deductible as charitable contribution for income tax purposes but may be deducted as a business expense. Please consult your tax advisor.*