



2012 Membership Application

Purpose of the



To advocate for quality hospice care throughout the state of Oklahoma and provide public awareness regarding end-of-life issues, while networking and supporting hospice organizations throughout the state of Oklahoma.

Benefits of Membership

- Reduced rates for all OHPCA sponsored events.
- Continuing education opportunities for team members.
- Discipline specific group meetings that are designed for learning, sharing and networking.
- Organized network of hospices facing end-of-life issues and hospice care in Oklahoma.
- Legislative presence at both a state and national level.
- Networking with other hospice care providers through educational events, committee meeting, discipline meetings, monthly board of directors meetings, web site interaction and shared provider information.
- Increased hospice awareness in the medical community and the general public at-large through press releases available to the membership.
- Information & visibility through the OHPCA's web site at www.okhospice.org. The website serves as a source of information to hospice professional as well as patients and families. The website contains a hospice search engine where anyone can search for a OHPCA member hospice.
- E-Newsletter from OHPCA providing relevant and current information regarding hospice care issues in the state of Oklahoma.
- Weekly Hospice News Network e-newsletters available in the "members only" section of the website.
- Variety of committee involvement. Most Committees open to the membership for involvement and leadership.



16307 Sonoma Park Dr, Suite 2
Edmond, OK 73013

2012 Membership Application

Please complete this form & mail it with appropriate dues to:

Oklahoma Hospice & Palliative Care Association
16307 Sonoma Park Dr., Ste 2
Edmond, OK 73013

Please Note: This form must be completed in its entirety. All information in this application will be verified with the Oklahoma State Licensure. Incomplete applications and/or discrepancies found may delay membership activation.

Section A. Contact Information

Name of Hospice (Primary Location): _____

Primary Contact* _____ Title: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail Address for primary contact: _____

Web Site: _____

Counties Served (useful for OHPCA member directory & referrals) _____

*Individual who will receive all mailings from the OHPCA, be listed as the primary contact on the OHPCA website and online membership directory, serve as Voting Delegate (voting rights only apply to Institutional Memberships).

Corporate Office Information (if different from above):

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

List all Alternate Administrative Offices: Alternate Administrative Offices (AAO) are the hospice locations which share the same hospice license number as the primary hospice location listed in Section A of this application. Each of the alternate administrative offices listed will receive the same mailings and discounts that the primary location receives. **Should you have more administrative office locations than space provided below, please copy this page and attach it to this application.**

Additional Hospice locations in your organization that have a separate hospice license/provider number, are required to complete a separate membership application. Each additional licensed hospice must meet the same membership dues requirements as listed under section B of this application.

AAO #1

Name: _____

Primary Contact Person: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Primary Contact Person's E-mail Address: _____

Web Site: _____

Counties Served (Extremely useful for OHPCA member directory & referrals) _____

AAO#2

Name: _____

Primary Contact Person: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Primary Contact Person's E-mail Address: _____

Web Site: _____

Counties Served (Extremely useful for OHPCA member directory & referrals) _____

Please note: Only employees of the primary location and the employees of the listed AAO will receive member benefits. Other hospice locations affiliated with your organization that have a separate hospice license/provider number are not eligible for member benefits through this membership application. These locations must apply for membership to qualify for OHPCA member benefits.

Section B 2012 Dues

Please mark Membership Choice

OHPCA Institutional dues are based on the number of prior calendar year admissions (January 1 to December 31, 2011) for all hospice locations affiliated with the primary location*. **Minimum Institutional Members Dues are \$400.00.**

_____ Institutional Hospice Membership Dues Formula:

- | | |
|---|--------|
| A. Total number of admissions for 2011 for primary location | _____ |
| B. Total number of admissions for 2011 for all AAO locations listed | _____ |
| C. Add the total of A & B to calculate total admissions | _____ |
| D. Assessment per admission | \$5.00 |
| E. Multiply C x D to calculate (total admission x \$5.00) | _____ |
| F. Minimum Institutional Dues are \$400 per year | |
| G. If line E is less than \$400, please pay the minimum Institutional dues of \$400 | |
| Total Dues owed \$ _____ | |

_____ Professional Association Membership (businesses associated with hospice care): **\$ 200.00**

_____ Individual Association Membership: **\$100.00**

Professional Association and Individual applicants please proceed to Section D. All Institutional Hospice applicants proceed to Section C.

Section C Provider Information

Is your agency a current member of NHPCO? (circle) Yes – No

Please Check All That Apply: (This information is vital for the purposes of statistics)

- | | | |
|--|---|------------------|
| _____ Operational (year started _____) | _____ Long-Term-Care Based | _____ For-Profit |
| _____ Developing (opening date _____) | _____ Hospital Based | _____ Non-Profit |
| _____ Private/Corporate Ownership | _____ Free Standing / Independent | |
| _____ Community Ownership | _____ Home-Health Based | |
| _____ Medicare Certified | _____ In-Patient Facility Plans (projected opening _____) | |

Average Daily Census in 2011: _____ **Average Length of Stay in 2011:** _____

Do you have a Pediatric Palliative Care Program? _____ yes _____ no

A pediatric palliative care program is a formal pediatric hospice and /or palliative care program that has dedicated staff with expertise in pediatric palliative care for the provision of pediatric services.

a) If no, do you plan to start a pediatric program in the next 1-2 years? _____ yes _____ no

What percentage of your 2011 admissions were non-funded charitable cases? _____

Do you have a service delivery program outside of the model of the Medicare hospice Benefit?

_____ Yes _____ No (skip table below) _____ Planning Stages

Program Type	Program Status
Palliative consult services in any setting	_____ Active Program _____ Planning Stages
Palliative care services at home or in an inpatient facility (bridge program, pre-hospice programs, etc)	_____ Active Program _____ Planning Stages
Post-hospice support for patients discharged alive	_____ Active Program _____ Planning Stages
Community bereavement support program (for individuals not associated with friend/family who received hospice services)	_____ Active Program _____ Planning Stages
Complementary therapies (music therapy, art therapy, massage therapy, etc.	_____ Active Program _____ Planning Stages

Administration – Department Directors: OHPCA uses the contact information below to add to our email list quarterly newsletter, meeting notifications and any other Association communications to members. In order for employees at your Alternate Administrative Offices (AAO) please complete this information for those locations as well. **Please copy this page and attach it to this application. Be sure to note which AAO the information is for. All emails and mailings for AAO will be sent to the AAO designated primary contact if no other contact information is submitted. It will be that primary contact’s responsibility to share the information with all other AAO employees.**

Executive Director/Administrator/CEO: _____ Email: _____

Medical Director: _____ Email: _____

Patient Care Coordinator: _____ Email: _____

Social Worker: _____ Email: _____

Volunteer Coordinator: _____ Email: _____

Referrals/Intake: _____ Email: _____

Nurse: _____ Email: _____

Nurse: _____ Email: _____

Office / Business Manager: _____ Email: _____

Chaplain: _____ Email: _____

Bereavement Coordinator: _____ Email: _____

Development / Marketing: _____ Email: _____

Oklahoma Hospice & Palliative Care Association Active Committees:

Committee Membership is reserved for **ACTIVE** Members of the OHPCA. Please remember: this is a volunteer association and your voice is important. Please contact Lavane Vowell, Executive Director, if you or any of your staff have any questions or would like to serve on one or more of these committees. **If needed, please attach additional names on separate page.**

Listed below are the active OHPCA committees and their descriptions. If you or someone from your organization is interested in becoming a committed, active member of one or more of these committees, please list their contact information and the committee they are interested in serving on the following page. The committee chairperson as determined by the OHPCA Board of Directors or a Board Member for the committee meetings will contact the potential members.

- **Conference:** *Help plan OHPCA Spring Palliative Care Conference and the Fall State hospice Conference, select speakers, menus, contact vendors, exhibitors and assist at the Conference.*
- **Membership:** *Promote membership to new & existing hospice programs in Oklahoma & promote retention of current members.*
- **Education:** *Develop & Coordinate educational programs for the OHPCA membership.*
- **Legislative:** *Promote hospice issues through legislative format both at the State and National level..*

OHPCA Committee Participation Sign Up

Name: _____ Committee: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Name: _____ Committee: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

OHPCA Committee Participation Sign Up

Name: _____ Committee: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Section D Payment Instructions

Please mail or fax payment in full with complete form to OHPCA. Make a copy of all forms for your records prior to mailing.

___ My check is enclosed check # _____ amount included \$ _____

I am paying by credit card. ___ Visa ___ Mastercard ___ American Express

Account Number: _____ 3 Digit V#(on back of card) _____

Expiration Date: _____ Name on Card: _____

Signature: _____

Everything stated in this form is correct and complete to the best of my knowledge.

Signature of Person who completed this form: _____

Please print name _____ Date _____

Please mail complete form and payment to:

Oklahoma Hospice & Palliative Care Association
16307 Sonoma Park Dr., Ste 2
Edmond, OK 73013

**Thank you for your participation and support of the
Oklahoma Hospice & Palliative Care Association**

2012 Board of Directors

Tamra Moore, President
Tulsa, OK

Lisa Smith, Vice President
Stillwater, OK

Chad Caldwell, Treasurer
Enid, OK

Crystal Scoggins, Secretary
Sallisaw, OK

Greg McCortney, Past President
Ada, OK

Deanna Barth
Oklahoma City, OK

Vickie Christian
Duncan, OK

Larry Coffman
Oklahoma City, OK

Mark Dodge
Ardmore, OK

Michelle Fox
Tulsa, OK

Brenda Frank
Tulsa, OK

Margaret Muenchow
Oklahoma City, OK

Kevin Turner
Tulsa, OK

Greg Wood
Ponca City, OK

Lavane Vowell, Executive Director
Edmond, OK

