

# 2020 ANCC Virtual Summit *(Group Registration Tool)*

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When registering members of a group, you will be prompted to submit the information below. Please use this document a guide.

## **Registrant Information**

- First Name
- Last Name
- Email address
- Mobile Phone Number
- Company
- Title
- Preferred Mailing address

## **Demographic Information (Optional)**

I am (a) (check all that apply):

- None of the below
- Advance Practice Provider
- Chief Nursing Officer
- Director of Professional Development
- Long Term Care Facility (LTC) Employee
- Lead Nurse Planner
- Nurse Planner
- Nurse Peer Review Planner
- Magnet Appraiser
- Magnet Program Director
- Pathway Program Director (PPD)
- Pathway Steering Committee Member
- Pathway to Excellence Appraiser
- Professional Development Associate
- PTAP Program Director
- Resident in a PTAP Residency
- Veteran or Military Organization Employee
- Other

Are you a certified nurse?

- Yes/No
  - o If yes, does ANCC provide your Certification
    - Yes/No

Does your institution have any of the below accreditations/designations?

- Magnet®
- Pathway®
- PTAP®
- Accreditation in Nursing Consulting Professional Development (NCPD)

*\*Note: The first person to register will automatically be considered the group 'Leader' and a registrant (not just the group contact). The group leader will be the only person who can add or cancel anyone from their group.*