



# Membership Application

## MEDICAL ORGANIZATION/FACILITY - MILITARY/GOVERNMENT FACILITY

National Consortium of Breast Centers, Inc.  
PO Box 1334, Warsaw, IN 46581-1334

Please accept our invitation to become a member of NCBC. Complete this form and mail, fax or go online with payment to the NCBC office. Payment may be made by check, money order, PayPal, Visa, MasterCard, Discover or American Express. Upon receipt of this information, your membership certificate and membership materials will be sent to you.

### MEDICAL ORGANIZATION/FACILITY – MILITARY/GOVERNMENT FACILITY

The entity must be a direct provider of patient care. Membership materials, which include membership certificates and Internet listings, will be under the facility/institution/practice name. One individual is designated as the initial or primary member. All memberships include member rate to the Annual Interdisciplinary Breast Center Conference.

#### Contact Information

Name \_\_\_\_\_  
 First M. I. (if used) Last Professional Initials (MD, RN, RT, PhD)

Title/Position \_\_\_\_\_

Specialty \_\_\_\_\_

Department \_\_\_\_\_

Facility Name \_\_\_\_\_

Facility Street Location Address \_\_\_\_\_

Facility Mailing Address if different from Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Numbers for General Public/Clients:		Direct Numbers of Applicant	
Voice _____		Voice _____	
Fax _____		Fax _____	
Website _____		Email _____	

**This is for office use only –  
IT WILL NOT APPEAR IN ANY LIST OR ON THE INTERNET**

Approximate number Screening Mammograms performed annually \_\_\_\_\_  
 Approximate year facility opened \_\_\_\_\_

#### Facility or Staff Picture – Please provide a digital photo and send to [ncbc@breastcare.org](mailto:ncbc@breastcare.org)

#### Patient Services - This information will appear on your Internet Listing

- |   |   |   |
|---|---|---|
| <b>Mobile Mammography</b><br><input type="checkbox"/> Provided<br><input type="checkbox"/> Not provided<br>Number of units (sites) _____  | <b>Other services for women offered on site</b><br><input type="checkbox"/> Coordination of pre-natal services<br><input type="checkbox"/> Coordination of ob/gyn services<br><input type="checkbox"/> Coordination of osteoporosis services<br><input type="checkbox"/> Coordination of preventative services<br><input type="checkbox"/> Participate in clinical trials | <b>Patient Education</b><br><input type="checkbox"/> High Risk counseling<br><input type="checkbox"/> Patient Resource literature<br><input type="checkbox"/> Patient Resource library/dedicated area<br><input type="checkbox"/> Complementary and Alternative medicine<br><input type="checkbox"/> Life Styles<br><input type="checkbox"/> Nutrition counseling<br><input type="checkbox"/> Psychosocial counseling<br><input type="checkbox"/> Patient educator on staff<br><input type="checkbox"/> Patient Advocacy and Survivorship Groups<br><input type="checkbox"/> Coordinate Social Service options for patients |
| <b>Self-Referrals Accepted</b><br>___ yes ___ no  | <b>Interdisciplinary Breast Team</b><br><input type="checkbox"/> Hold Multidisciplinary Breast Conference<br><input type="checkbox"/> Holds Weekly Prospective Breast Conference<br><input type="checkbox"/> Has Certified Breast Patient Navigator On Site<br><input type="checkbox"/> Has Certified Clinical Breast Examiner On Site                                    | <b>Surgical</b><br><input type="checkbox"/> Reconstructive surgery<br><input type="checkbox"/> Cosmetic Surgery<br><input type="checkbox"/> Sentinel Lymph node mapping and biopsy<br><input type="checkbox"/> Ductal Lavage for high risk women  |
| <b>Diagnostics</b><br><input type="checkbox"/> fine needle (FNA)<br><input type="checkbox"/> core biopsy<br><input type="checkbox"/> sonography<br><input type="checkbox"/> ultrasound<br><input type="checkbox"/> stereotactic<br><input type="checkbox"/> galactography<br><input type="checkbox"/> scintimammography<br><input type="checkbox"/> osteoporosis testing<br><input type="checkbox"/> MRI Guided Needle Biopsy | <b>Certifications/Accreditations</b><br><input type="checkbox"/> NQNBC<br><input type="checkbox"/> NAPBC<br><input type="checkbox"/> BICOE  |   |
| <b>Rehabilitation</b><br><input type="checkbox"/> Lymphedema program<br><input type="checkbox"/> Physical Therapy<br><input type="checkbox"/> Prosthesis Fitting  | <b>Treatment</b><br><input type="checkbox"/> Chemotherapy<br><input type="checkbox"/> Radiation therapy   |   |

## Facility Description

### This information will appear on your Internet Listing

Please provide a description of your facility. (I.e., practice setting, ownership, services provided, staff) The description you provide will be included on your Internet listing. You may attach or e-mail copy if more space is needed.

## Membership Networking

Would you be willing to prepare an article or be interviewed and have our writer prepare an article about your breast center or its programs to be included in a future copy of the NCBC newsletter, the *Breast Center Bulletin*? **Yes** **No**

## Payment Options

### Dues Payment Schedule:

-- Membership is good for one year from date of payment. (If you become a member May 20<sup>th</sup> 2014 it will expire May 20<sup>th</sup> 2015)

-- Annual dues are \$600 with the benefits listed below.

- Facility membership group rate discount of 10% off registration to our annual conference with coupon code limit up to five staff members.
- Our 24 hour direct connect information exchange for all members to get questions answered.
- Our #1 benefit, and probably most important, is our Breast Center of Excellence certification thru NQMBC, which also includes a National Quality data collection for the facility.
- For your staff, we offer the most comprehensive NEXT level Certifications for Navigator, CBE, and BSE in the industry in regards to multidisciplinary care.
- New this year is the Blog, we are creating a community for our members to come together doctors, surgeons, nurses, technologists and industry businesses, just to name a few.
- The highly acclaimed NCoBC Conference is a phenomenal experience for your whole team and now includes:
  1. An average of 80 world renowned speakers
  2. Close to 100 breast industry exhibitors with the most advanced technology and software to date.
  3. The Best Valued Education out there with around 40 CEU's available per conference.
- Finally, you will receive an NCBC Membership Certificate to display in your office.

Your Two Membership Certificates will contain one with your facility name only and the other with both your name and the name of your facility

Paying by fax or mail (check or credit card) – **Add additional admin fee of 25.00**

Paying by PayPal, Visa, MasterCard, Discover or American Express on our website [www.breastcare.org](http://www.breastcare.org)  
**NO ADMIN FEE**

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

CVV2#: \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Charge amount authorized \$ \_\_\_\_\_

Signature \_\_\_\_\_

Date of Application \_\_\_\_\_