

WCO-ONS MEMBERSHIP PROFILES

PERSONAL:

Name including credentialing:

PROFESSIONAL:

Place of Employment:

Describe your nursing job/specialty:

Describe your average work day:

Length of time in nursing:

Length of time in oncology nursing:

How did you get involved in oncology nursing?

What keeps you in oncology nursing?

Length of time in ONS:

Length of time in WCO-ONS:

Positions within WCO-ONS (current and past):

Favorite WCO-ONS memory:

Describe your role within the WCO-ONS and the benefits of membership:

Career Recognition and Awards:

WCO-ONS or ONS Recognition and Awards:

Mail completed form to Barb Paxson 583 S. Detroit St. Xenia OH 45385