LTCNA

LONG TERM CARE NURSES ASSOCIATION

Strength in KNOWLEDGE
Strength in COMPASSION
Strength in NUMBERS

IN COOPERATION WITH IHCA
ILLINOIS HEALTH CARE ASSOCIATION
SINCE 1950

GOALS

- To promote more in depth awareness of residents' needs to other professional organizations, legislative bodies and community groups.
- To provide educational programs that focus on the needs of long post-acute, intellectual & developmental disabilities, residential and long term care nurses.
- To address staffing, licensing and barriers to clinical education.
- To enhance member expertise and professional awareness.

MEMBERSHIP

- Long Term Care Nurses Association (LTCNA) is open to all nurses or student nurses interested in the practice of post-acute, intellectual & developmental disabilities, residential and long term care nursing for an annual fee of $100 per individual.
- Facility memberships are available on a limited basis. Contact Ashley Caldwell at 800-252-8988 or acaldwell@ihca.com for more information.
- Individual membership application may be found at www.ltcna.org and submitted via email to acaldwell@ihca.com or mailed to:
  LTCNA • 1029 South Fourth Street • Springfield, IL 62703

MEMBERSHIP BENEFITS

SCHOLARSHIP PROGRAM

- LTCNA offers two $1,000 scholarships each year for RNs, LPNs and Nurse Aides to further their careers in nursing.

EDUCATIONAL PROGRAMS

- Simulation competency training for nurses brought to your center.
- Resources for Success is a special conference held each spring focused strictly on nursing issues.
- LTCNA members may register for Illinois Health Care Association (IHCA) seminar programs at member rates. Registration for one seminar pays for your membership fee.
- LTCNA members can attend IHCA's Annual Convention and Expo at a significantly reduced rate.

INFORMATION AND NETWORKING

- LTCNA Newsletter is a monthly electronic publication focused on post-acute, intellectual & developmental disabilities, residential and long term care nursing.
- LTCNA website provides 24-hour access to information specifically related to long term care nursing.

THE LONG TERM CARE NURSES ASSOCIATION

LTCNA brings together nurses who are committed to education, networking, career advancement opportunities, public relations and resident advocacy. LTCNA works with the Illinois Health Care Association (IHCA), which represents more than 450 long term care facilities and programs in Illinois.

LTCNA COUNCIL

The Council is the governing body of LTCNA. The Council develops and conducts activities promoting the interests of long term care nurses. As an LTCNA member, you may have the opportunity to serve on the Council.

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ACHIEVEMENTS

Membership dues are used to:

- Represent nurses and the profession by providing input to state agencies in the development of regulations affecting post- acute, intellectual & developmental disabilities, residential and long term care.
- Connect nurses throughout the state and provide continuing education.
- Recognize outstanding DONs, Nurses, MDS Coordinators and CNAs at IHCA Annual Convention and Expo.
- Provide input on public policy affecting nurses in long term care including the Nursing and Advanced Practice Nursing Act.
- Provide two $1,000 scholarships annually for CNAs, LPNs and RNs who are continuing their education.
- Participate in conventions and career fairs to promote LTCNA and careers in long term care nursing.

Name _____

Home Address _____

City _____ State _____ Zip_____

Home Phone _____ County_____

Company _____

Fax # _____ E-mail Address _____

ANNUAL FEE: $100 per individual for non-IHCA members. IHCA member organizations receive LTCNA membership for one or more individuals. Contact IHCA for more information.

PAYMENT BY CREDIT CARD: ❑ AMEX ❑ MasterCard ❑ VISA ❑ Discover

Credit Card No. _____

Billing Address (including zip code)_____

Security Code _____ Exp. Date _____/_____ Signature_____

PAYMENT BY CHECK: Make checks payable to LTCNA (must accompany application). Mail to: 1029 South Fourth Street, Springfield, IL 62703 **STATUS:** ❑ New ❑ Renewal

LICENSURE STATUS: ❑ RN ❑ LPN ❑ Student
STAFF POSITION: ❑ DON ❑ ADON ❑ Supervisor ❑ Staff Nurse ❑ CNA Instructor ❑ Other

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OFFICE USE ONLY
Date Received Amount Check #