Membership Application

MEDICAL FACILITY

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, Visa, MasterCard, Discover or American Express. Upon receipt of this information, your membership certificate and membership materials will be sent to you.

MEDICAL 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 primary contact who will receive individual membership benefits and the member rate to the Annual Interdisciplinary Breast Center Conference.

Contact Information

Salutation (e.g., Dr, Miss, Mrs, Mr, Professor,) _____

Name _____ _____ _____

First Last Professional Initials (e.g., MD, RN, RT, PhD)

Are you a Director, Administrator, or Manager Yes ☐ No ☐

Title/Position _____

Professional Specialty (e.g., RT, RN, Fellow, MD, Breast Surgeon, Pathologist) _____

Published to Directories for the Public

Department _____

Facility Name _____

Facility Street Location Address _____

City, State, Zip _____

Preferred Mailing Address if Different from Above Address

Address _____

City, State, Zip, _____

Business Numbers Published to Directories for the Public:

General Public phone number _____

General Public Email _____

Fax _____

Website _____

Direct contact Information of Applicant

Preferred # _____

Alternate # _____

Preferred Email _____

Alternate Email _____

Patient Services - This information will appear on your Internet Listing

Mobile Mammography
- ☐ Provided
- ☐ Not provided

Number of units (sites) _____

Self-Referrals Accepted
☐ yes ☐ no

Diagnostics
- ☐ fine needle (FNA)
- ☐ core biopsy
- ☐ ultrasound
- ☐ stereotactic
- ☐ galactography
- ☐ scintimammography
- ☐ osteoporosis testing
- ☐ MRI Guided Needle Biopsy

Rehabilitation
- ☐ Lymphedema program
- ☐ Physical Therapy
- ☐ Prosthesis Fitting

Other services for women offered on site
- ☐ Coordination of pre-natal services
- ☐ Coordination of ob/gyn services
- ☐ Coordination of osteoporosis services
- ☐ Coordination of preventative services
- ☐ Participate in clinical trials

Interdisciplinary Breast Team
- ☐ Hold Multidisciplinary Breast Conference
- ☐ Holds Weekly Prospective Breast Conference
- ☐ Has Certified Breast Patient Navigator On Site
- ☐ Has Certified Clinical Breast Examiner On Site

Certifications/Accreditations
- ☐ NQMBC
- ☐ NAPBC
- ☐ BICOE

Treatment
- ☐ Chemotherapy
- ☐ Radiation therapy

Patient Education
- ☐ High Risk counseling
- ☐ Patient Resource literature
- ☐ Patient Resource library/dedicated area
- ☐ Complementary and Alternative medicine
- ☐ Life Styles
- ☐ Nutrition counseling
- ☐ Psychosocial counseling
- ☐ Patient educator on staff
- ☐ Patient Advocacy and Survivorship Groups
- ☐ Coordinate Social Service options for patients

Surgical
- ☐ Reconstructive surgery
- ☐ Cosmetic Surgery
- ☐ Sentinel Lymph node mapping and biopsy
- ☐ Ductal Lavage for high risk women

Facility Description

This information will appear on your Internet Listing in our Breast Center Directory
Please provide a description of your facility. (e.g.,practice setting, ownership, services provided, staff)

Please provide a description in your profile at www.breastcare.org in the member area for your listing.

Facility or Staff Picture

You may upload a digital photo in your profile at www.breastcare.org in the member area for your listing.

NQMBC

As a facility member, you have access to our quality program, NQMBC.
Would you be interested in participating in this program? **Yes** ☐ **No** ☐

Payment Options

Dues Payment Schedule:

-- Membership is good for one year from date of payment.

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

- Facility group rate discount -10% off registration to our annual conference with coupon code, limit up to five staff members.
- Our 24 hour Ask the Experts 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 and Cancer Genetic Risk Assessment in the industry in regards to multidisciplinary care.
- Have your job opening listed free on the NCBC website ($950.00 value);
- The highly acclaimed NCoBC Conference is a phenomenal experience for your whole team and now includes:
  1. An average of 100 world renowned speakers
  2. Close to 80 breast industry exhibitors with the most advanced technology and software to date.
  3. The Best Valued Education out there with 25-40 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)
National Consortium of Breast Centers, Inc.
PO Box 1334, Warsaw, IN 46581-1334
Fax:574-267-8268

☐ Paying by Visa, MasterCard, Discover or American Express on our website www.breastcare.org

Card Number _____

Exp. Date _____

CVV2#: _____

Name as it appears on card _____

Charge amount authorized $_____

Signature _____

Date of Application _____