APPLICATION FOR CHAPTER ACCREDITATION
FOR THE YEAR _____

Name of Zone/Chapter: _____ _____**Philippine Nurses Association**

1663 F.T. Benitez Street
Malate, Manila

_____

(DATE)

Mailing Address: _____
_____
_____

Telephone No: _____ Fax No: _____

No. of Members as of : _____ Regular:_____ Life: _____
(Date)

We wish to apply for Chapter Accreditation. The following documents are attached with this application. (Tick all documents enclosed):

1. Duly accomplished application form.
2. Names of officers with home and business addresses and contact numbers.
3. Department and Committee chairpersons and members with home and business addresses and contact numbers

4. Minutes of Board and Membership meetings:
   Board meetings at least quarterly (4 times per year)
   Membership meetings at least once a year for small chapters

5. Financial Statements
   Endorsement papers from immediate past officers
   Statement of assets and liabilities
   Photocopy of passbook or certification of bank account

6. Proofs of having conducted all of the following (should include attendance, program and certificate [for first time applicants, at least one of each; for chapters for renewal, at least two each]):
   Continuing Education
   Primary Health Care
   Activities related to the PNA Thrusts

7. List of members and status of membership
8. Chapter By-laws duly signed
9. Copies of yearly status report sent to PNA

We certify that all information corresponding hereto are correct and verified.

_____
Signature and Printed Name of Chapter President

_____
Date