

**CHI ETA PHI SORORITY, INC.**  
**RESOURCE DATA FORM**

1. Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Date: \_\_\_\_\_

2. Current Chapter: Graduate \_\_\_\_\_ Beta \_\_\_\_\_ Region \_\_\_\_\_

*If Beta, answer questions 3,4,5; then skip to question 18 and continue*

3. Year of Intake: \_\_\_\_\_ Chapter of Intake: \_\_\_\_\_

4. Membership:  
\_\_\_\_ Active    \_\_\_\_ Life    \_\_\_\_ Member-at-Large    \_\_\_\_ Honorary

5. Birth Year: \_\_\_\_\_

6. Year Graduated from Basic Nursing Program \_\_\_\_\_  
Type of Program: \_\_\_\_ Diploma    \_\_\_\_ ASN    \_\_\_\_ BSN

7. Highest Educational Preparation:  
\_\_\_\_ Diploma    \_\_\_\_ Associate    \_\_\_\_ Baccalaureate (*Specify* \_\_\_\_\_)  
\_\_\_\_ Masters (*Specify* \_\_\_\_\_)    \_\_\_\_ Doctorate (*Specify* \_\_\_\_\_)

8. Current Certification(s) In Nursing:  
\_\_\_\_ Advanced Practice Certification (*Specify* \_\_\_\_\_)

9. Current Practice /Employment:  
\_\_\_\_ Full-Time    \_\_\_\_ Part-Time    \_\_\_\_ Retired    \_\_\_\_ Not Employed

10. Current Work Setting:

____ Acute Care	____ Hospice
____ Ambulatory Care/Outpatient	____ Nursing Home
____ Business/Corporation	____ Occupational Health
____ Clinical Primary Care Setting	____ Private Practice
____ College/University	____ Public Health
____ Community	____ Quality/Case Management
____ Government Agency	____ School Health
____ Home Health	____ Other ( <i>Specify</i> _____)

11. Specialty Area:

____ Administration	____ Nurse Practitioner
____ Clinical Specialist	____ Research
____ Consultant	____ School Health
____ Educator	____ Staff Nurse
____ Health Policy	____ Supervisor
____ Managed Care	____ Other ( <i>Specify</i> _____)
____ Nurse Manager	

12. Indicate Current Professional Organization Membership(s):  
 American Nurses Association                       Sigma Theta Tau International  
 National Black Nurses Association                       Other (*Specify*\_\_\_\_\_)
13. List the offices you currently hold in Chi Eta Phi Sorority, Inc.:  
National \_\_\_\_\_ Regional \_\_\_\_\_ Local \_\_\_\_\_
14. List the committees you currently chair in Chi Eta Phi Sorority, Inc.:  
National \_\_\_\_\_ Regional \_\_\_\_\_ Local \_\_\_\_\_
15. List the offices you currently hold in other organizations and name of the organizations:  
National \_\_\_\_\_  
Regional \_\_\_\_\_  
Local \_\_\_\_\_
16. Have you accomplished any of the following:  
 Published in a book or nursing journal                       Workshop presentation  
 Organized a health fair     Conducted a research/written grant(s)
17. List other talents/skills, professional awards, and achievements:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Questions 18-23 for BETAS ONLY**

18. Type of Program:  BSN     ASN
19. Degree in Other Field:  Yes (*Specify*\_\_\_\_\_ )     No
20. Expected Date of Graduation: \_\_\_\_\_
21. Current Student Status:  
 Full-Time  
 Part-Time
22. Current Organization Membership(s): \_\_\_\_\_
23. Anticipated Plans:  
 Practice  
 Educational Pursuits (*Specify*\_\_\_\_\_ )  
 Other (*Specify*\_\_\_\_\_ )