



# Cardiac Neurodevelopmental Outcome Collaborative

## INSTITUTIONAL MEMBERSHIP APPLICATION

PLEASE PRINT OR TYPE

Institution Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Billing Contact \_\_\_\_\_ Email \_\_\_\_\_

Title \_\_\_\_\_ Office phone \_\_\_\_\_

### CNOC CLINICAL REGISTRY

Clinical Lead for CNOC \_\_\_\_\_ Email \_\_\_\_\_

Title \_\_\_\_\_ Office phone \_\_\_\_\_

Administrative Contact \_\_\_\_\_ Email \_\_\_\_\_

Title \_\_\_\_\_ Office phone \_\_\_\_\_

Data Entry / Collection \_\_\_\_\_ Email \_\_\_\_\_

Title \_\_\_\_\_ Office phone \_\_\_\_\_

*\*Email is required to receive future membership information. Please print clearly for successful email delivery.*

## Annual Institutional Membership provides UNLIMITED AFFILIATED MEMBERSHIPS to your staff.

Attach an Affiliated Staff Application (page 3) for each staff member, or ask them to complete the application found at this link: [https://www2.cardiacneuro.org/forms/aff\\_appl.iphtml](https://www2.cardiacneuro.org/forms/aff_appl.iphtml).

### MEMBERSHIP CATEGORIES

Your institution's total CNOC dues are based upon whether your institution participates in CNOC's Clinical Registry..

- ☐ **My institution participates in CNOC's clinical registry.** Annual CNOC dues total \$8,750, which consists of \$3,500 dues paid to CNOC, a \$2,500\* payment to the CNOC Data Coordinating Center at the University of Michigan, and a \$2,750^ payment to Arbor Metrix, the host of CNOC's data reporting platform.
- ☐ **My institution does NOT participate in CNOC's Clinical Registry.** My CNOC dues total \$5,500, paid to Cardiac Neurodevelopmental Outcome Collaborative (CNOC).

^Beginning in July 2026, Arbor Metrix will increase its annual fee to \$3,000. CNOC members are invoiced separately by Arbor Metrix for that portion of CNOC dues.

SEE PAGE TWO FOR PAYMENT OPTIONS.

**CARDIAC NEURODEVELOPMENTAL OUTCOME COLLABORATIVE**

2209 Dickens Road • Richmond, VA 23230-2005 • (804) 565-6397 • Fax (804) 282-0090 • [sarabeth@cardiacneuro.org](mailto:sarabeth@cardiacneuro.org) • [www.cardiacneuro.org](http://www.cardiacneuro.org)



## Cardiac Neurodevelopmental Outcome Collaborative

### INSTITUTIONAL MEMBERSHIP APPLICATION

#### DUES PAYMENT OPTIONS

- ☐ Payment by check or money order payable in US funds to **CNOC**. If paying by check, you **MUST** include a copy of this application with your payment.
- ☐ Payment by wire. For international institutions outside of the United States, please email our office for wiring instructions.
- ☐ Payment by credit card.
  - ☐ AmEx    ☐ Mastercard    ☐ Visa    ☐ Discover

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Number: \_\_\_\_\_ CVV Security Code\*: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*CVV code is the three-digit number on the back of VISA, MC or Discover or four-digit number on the front of AMEX card above the account number.

If you do not receive a confirmation e-mail from the CNOC office within seven days of submitting your membership application, please call the office to confirm that the documents have been received.

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# Cardiac Neurodevelopmental Outcome Collaborative

## AFFILIATED STAFF APPLICATION

Return this completed form with the Institutional Membership Application.

PLEASE PRINT OR TYPE

I am: ☐ Male ☐ Female

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Degree \_\_\_\_\_

Position at Institution \_\_\_\_\_

Institution \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail\* \_\_\_\_\_ Year of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

*\* Email is required to receive future society information. Please print clearly for successful email delivery.*

### Please indicate your specialty (you must choose at least one):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Adult Congenital Cardiologist | <input type="checkbox"/> Neonatologist            | <input type="checkbox"/> Physician, other        |
| <input type="checkbox"/> Anesthesiologist              | <input type="checkbox"/> Neurologist              | <input type="checkbox"/> Psychiatrist            |
| <input type="checkbox"/> Cardiac Surgeon               | <input type="checkbox"/> Neuropsychologist        | <input type="checkbox"/> Researcher              |
| <input type="checkbox"/> Child Life                    | <input type="checkbox"/> Neuroradiologist         | <input type="checkbox"/> Social Worker           |
| <input type="checkbox"/> Clinical Psychologist         | <input type="checkbox"/> Nurse                    | <input type="checkbox"/> Therapist: Occupational |
| <input type="checkbox"/> Developmental Pediatrician    | <input type="checkbox"/> Nurse, Advanced Practice | <input type="checkbox"/> Therapist: Physical     |
| <input type="checkbox"/> Educational Liaison           | <input type="checkbox"/> Patient/Caregiver        | <input type="checkbox"/> Therapist: Speech       |
| <input type="checkbox"/> Intensivist                   | <input type="checkbox"/> Pediatric Cardiologist   | <input type="checkbox"/> Other _____             |

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