

NATIONAL ASSOCIATION OF PASRR PROFESSIONALS (NAPP)

BOARD AND SPECIAL INTERESTS/TALENTS APPLICATION FOR MEMBERSHIP

I. General Information

Name: _____

Employer: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Office Phone: _____

Cell Phone: _____ Fax: _____

E-mail Address: _____

Education (please list highest degree): _____

II. Primary Area of Representation:

State Agency (Mental Health)

State Agency (Mental Retardation Authority)

State Agency (Medicaid Authority)

Aging/Elder Agency

Nursing Facility

PASRR Contractor/Vendor

Nursing Facility resident, family member or advocate.
Please indicate which: _____

Other (please indicate): _____

Please mail your completed NAPP Application to:

For NAPP Board Membership:

**Dave Caloiaro, MSW, LISW
Chair, NAPP Nominating Committee
Nevada Division of Mental Health and Developmental Services (NAPP)
4126 Technology Way, Suite 201
Carson City, NV 89706
dcaloiaro@mhds.nv.gov**

For NAPP Special Interests/Talents Membership

**National Association of PASRR Professionals (NAPP)
227 French Landing Dr., Ste. 250
Nashville, TN 37228
Attn: Jennifer Burns**