



**PLEASE NOTE:**

Completing form and sending payment with required documents will still require review and approval before joining the Council of States

**Section A. Contact Information**

Primary Contact\*: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Please affirm, by checking here, that your organization is a State Hospice and/or Palliative Care Organization that subscribes to the mission, vision and standards of NHPCO, represents a majority of the current NHPCO Provider Members of the State, and has at least three (3) NHPCO Provider Members. For purposes of these Bylaws, the District of Columbia, American Samoa, Guam and Puerto Rico shall be deemed to be States.

**Section B. Membership Dues (January 1– December 31)**

**Membership Dues: \$ 500.00**

\*\*If your State Organization has 100% joint membership, you will receive one complimentary registration for each of NHPCO's annual conferences.

**Section C. Optional Services**

Sign me up for a one-year subscription (12 issues) to the *Journal of Pain and Symptom Management* **\$ 160.00**

**Section D. Payment Instructions**

**DO NOT SEND PAYMENT NOW – UPON APPROVAL YOU WILL BE BILLED FOR DUES**

**In order to obtain COS membership, the following documents must be included with the submission of your application**

- List of Board of Directors (full contact information)
- A Current Roster of your Membership (including program/company name and address)
- Evidence of current Directors and Officers Insurance
- A copy of your IRS Form 990, for the previous fiscal year
- A copy of your Bylaws

**Everything stated in this form is correct and complete to the best of my knowledge.**

Signature of person who completed form: \_\_\_\_\_

Please print name: \_\_\_\_\_

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



Application for Council of States (COS)  
New Applicant Form

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Section A-1. State Hospice Organization Information

State Hospice Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
 Do not list this organization in the NHPCO Membership Directory.

Section A-2. Primary Voting Contact

Primary Contact\*: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email\*\*: \_\_\_\_\_  
1. Is this an elected position?  Yes  No  
1a. If yes, when does the term expire? \_\_\_\_\_  
2. Is this person eligible to be re-elected?  Yes  No

Section A-3. Secondary Voting Contact

Secondary Contact\*\*\*: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email\*\*: \_\_\_\_\_  
1. Is this an elected position?  Yes  No  
1a. If yes, when does the term expire? \_\_\_\_\_  
2. Is this person eligible to be re-elected?  Yes  No

Section B. State Information

1. Does your state have licensure laws for hospices?  Yes  No  
1a. If yes, does your state require that hospices be licensed?  Yes  No  
2. Does your state offer a Medicaid Hospice Benefit?  Yes  No  
3. Does your state require that hospices have a Certificate of Need?  Yes  No

\* Person who will receive all Membership mailings from NHPCO, be listed as the as the primary contact in the Membership Directory, serve as Voting Delegate for matters put to the NHPCO Voting Membership.

\*\* NHPCO respects your privacy. NHPCO will not sell, rent or distribute your email address to any outside organization. NHPCO intends to use this medium to communicate information from NHPCO and its affiliates; membership related notices and benefits; as well as NHPCO related services, such as conference information and Marketplace product announcements and sales.

\*\*\* Person will receive Council of States communications if applicable, all NHPCO communications but is not a voting member under the state organization.

Please return this application and documents to:  
NHPCO, 1731 King Street, Alexandria, VA 22314. Please allow up to two weeks for processing.  
Questions? Please Call NHPCO's Council of States rep at 800/646-6460  
or via email at ldrew@nhpco.org.



**Application for Council of States (COS)  
New Applicant Form**

**PLEASE NOTE:**

*Completing form and sending payment with required documents will still require review and approval before joining the Council of States*

**Organizational Information**

**Please read and complete this form thoroughly. In order to be considered for Council of States, you must submit all requested documents and signatures must be provided with your completed application.**

1.  Please affirm, by checking here, that your organization subscribes to the NHPCO Bylaws, the mission, vision and standards of NHPCO.
2. At what time of year are your elections held? \_\_\_\_\_
3.  Please affirm, by checking here, that you will send updates to NHPCO regarding the election of officers within 30 days of your elections.
4. How many full-time staff do you have? \_\_\_\_\_  
 4a. How many full-time staff are allocated for hospice and end-of-life care? \_\_\_\_\_
5. Please describe your dues structure.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Please indicate the dates for your upcoming educational events and the expected number of participants for each. \_\_\_\_\_  
 \_\_\_\_\_
7.  Please affirm, by checking here, that your representatives have agreed to accept the responsibilities as outlined in the operating policies of the COS. The signatures from the two representatives named in this application are required. Alternatively, each representative may send an email to ldrew@nhpco.org/bfells@nhpco.org indicating that they accept this responsibility.

\_\_\_\_\_  
Signature – Primary Contact

\_\_\_\_\_  
Signature – Secondary Contact

**In order to obtain COS membership, the following documents must be included with the submission of your application**

- List of Board of Directors (full contact information)**
- A Current Roster of your Membership (including program/company name and address)**
- Evidence of current Directors and Officers Insurance**
- A copy of your IRS Form 990, for the previous fiscal year**
- A copy of your Bylaws**

**Please return this application and documents to:**

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## **COS Criteria for Membership**

Recognizing the importance of state organizations in advocating for access to quality hospice and palliative care, NHPCO worked in collaboration with state partners to achieve our united goals. Organizations that ascribe to the mission of the Council of States and meet the criteria for membership are invited to apply for membership in the Council of States.

NHPCO and the state organizations mutually recognize the value and role of each.

To be a member of the NHPCO COS, a state organization will meet the following criteria:

- The organization will support hospice and end-of-life care as a primary mission and this focus will be evident in the organization's mission statement, staffing, published materials, advocacy activities, communication, and educational offerings. The organization will, with its annual membership application, provide an annual report and/or other documentation that demonstrates this primary mission and focus of the organization.
- The organization will be a member in good standing of NHPCO and dues must be current.
- The organization will subscribe to the operating procedures and policies of the COS, which govern its meetings and activities.
- Each organization will furnish evidence of the following: Directors and Officers Insurance coverage, IRS 990 for the past fiscal year; and a copy of Bylaws.
- Each COS member must subscribe to NHPCO Bylaws, the mission, vision and standards of NHPCO, represent a majority of the current NHPCO Provider Members of the state, and have at least three (3) NHPCO Provider Members as members of the organization.
- The organization will provide NHPCO, within 30 days of the state organization's election of officers and board, the full contact information of new officers and board members and NHPCO will provide the same information to COS members.
- The organization will provide NHPCO with a list of provider members and their contact information and NHPCO will provide the state organization with NHPCO provider member data from that state.
- The organization will be an NHPCO Quality Partner.
- The organization will designate two representatives to the COS, a primary and a secondary representative, and these representatives will meet the criteria as outlined in the COS policies and procedures. These two representatives will understand and agree to the responsibilities of service for the Council of States.

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**NHPCO, 1731 King Street, Alexandria, VA 22314. *Please allow up to two weeks for processing.***

***Questions? Please Call NHPCO's Council of States rep at 800/646-6460 or via email at [ldrew@nhpco.org](mailto:ldrew@nhpco.org).***



## Application for Council of States (COS)

Note about organizations that represent more than one state: Each state within a multi-state organization will pay dues to belong to the COS. An organization that represents two states will pay two sets of dues and each state may have two representatives to the COS.

### Representation

1. Each State Organization Member of NHPCO's Council of States may designate two individuals to serve as representatives to COS. One individual should be named as the primary contact and the other as secondary contact. It remains in the discretion of each state organization to determine who shall serve as the COS Representatives and the length of service of such representatives. States are encouraged to name representatives for terms that overlap so that the state always has one representative who is familiar with the state organization and the COS.
2. Each state organization shall identify its designated COS Representative(s) by sending written notice to NHPCO, and may change the designation at any time through such written notification.
3. States are encouraged to carefully consider their choices for representation on the COS and consider multiple-year terms of service.
4. All mailings (including materials sent by facsimile or electronic means) pertaining to COS will be directed by NHPCO to COS Representatives within each state, except as otherwise provided below (see Voting Privileges).
5. Responsibilities of COS Representatives include:
  - Each member of the Council of States must be a member of NHPCO and, if employed by a healthcare provider, the hospice or provider organization must be a provider member of NHPCO.
  - New COS Representatives are to attend at least one new member orientation.
  - Attend COS meetings as a representative of the State Organization and a member of NHPCO's COS. Participate in COS conference calls and policy briefings.
  - Share information regarding current state issues with other COS members and share COS information with the state organization's members.
  - Help identify and address key issues of NHPCO and COS members.
  - Serve as a liaison between the state organization and COS.
  - Participate in on-going evaluation of COS to enhance its effectiveness and to support its mission.
  - Keep NHPCO informed of any changes in state officers, addresses, and other pertinent information.

Note about organizations that represent more than one state: Each state within a multi-state organization may name two representatives who meet the responsibilities of the COS representatives to serve on the COS.