

**Task Force Interest Form**  
**(When completed, forward to [mharris555@verizon.net](mailto:mharris555@verizon.net))**  
**Deadline: March 1, 2025**

- Name:
- Academic and Certification Credentials:
- Country:
- Are you an IHCNO member?    Yes    No
- Are you able to commit 5 – 6 hours a month from April to December 2025?    Yes    No
- How long have you been involved in care provided to patients in their homes?
- In what part of home-based nursing have you worked? (Check all that apply.)
  - Clinician
  - Supervisor/Administrator
  - Education
  - Quality
  - Research
  - Policy
  - Other (Describe):
- What type of home-based nursing care have you practiced (Check all that apply):
  - Hospital-at-home
  - Intermittent home visits services
  - Long-term/personal care services for patients with disabilities or elder age
  - Midwifery/maternal-child services
  - Palliative/hospice/end-of-life services
  - Primary and preventive care services
  - Public/community health in-home services
  - Shift nursing/private duty for patients with complex health needs
  - Specialty nursing services (e.g., IV therapy, wound care)
  - Other (Describe):