



## Librarian Membership Application

### Contact Information

|                    |  |
|--------------------|--|
| Name & Credentials |  |
| Organization       |  |
| Street Address     |  |
| City ST ZIP Code   |  |
| Home Phone         |  |
| Work Phone         |  |
| E-Mail Address     |  |

### Experience

According to the FPIN Librarian Community Standard of Search Experience and Education

I have 2 or more years of experience searching electronic databases and Internet resources applicable to FPIN searches, including MEDLINE (use of MeSH vocabulary, publication types, and limits to search strategies).

I have a basic understanding of Evidence-Based Medicine (EBM)

I have experience performing clinically oriented searches of point-of-care questions

I have a master's degree in library science

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from other projects or writing assignments.

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a CI librarian, I may have to go through additional training with FPIN's Librarian Editor.

|                       |  |
|-----------------------|--|
| <b>Name (printed)</b> |  |
| <b>Date</b>           |  |