



Oncology Nursing History Center Donations: Collection Information

General information

Name: _____
 Address: _____
 Phone: _____
 Email: _____

Information about your nursing career

Note: this information is optional, and provides researchers with context about your collection.

- Are you a current or past member of ONS? Y/N

If yes, please list membership dates: _____

Chapter memberships (if applicable): _____

- Please list your educational background and certifications:

- Where did you practice nursing? Please include dates for each hospital or practice, as well as the roles you held:

Collection information

- Why have you chosen the Oncology Nursing History Center for your donation?

- Approximately what percentage of your materials relate to the history of:

Oncology Nursing Society	_____	%
Oncology Nursing Certification Corporation	_____	%
Oncology Nursing Foundation	_____	%
Oncology nursing	_____	%

- What are the approximate years that your materials span?

- Please check all formats that your collection includes:
 - Paper documents Print photographs
 - VHS or beta tapes Digital photographs
 - Audiocassette tapes Digital audio recordings
 - Textiles (e.g., clothing, bags, hats) Digital video recordings
 - 3D objects (e.g., awards, pins) Computer discs (CDs)
 - Other (please describe):

- How many boxes of materials are in your collection?

- Where are your materials currently stored (e.g., basement, attic, office, storage unit, etc.)?

- If you are not local to Pittsburgh, PA, are you willing to help defray the costs of shipping these materials to ONS headquarters?

- Can someone from the Oncology Nursing Foundation contact you about a financial contribution to help maintain, preserve, and digitize your collection of materials?