



THE NATIONAL CATHOLIC BIOETHICS CENTER

Upholding the Dignity of the Human Person in Health Care and Biomedical Research since 1972

HOSPITAL MEMBERSHIP

THE NATIONAL CATHOLIC BIOETHICS CENTER (NCBC) was founded in St. Louis, Missouri in 1972 to uphold the dignity of the human person in health care and biomedical research. The NCBC is a trusted advisor to the United States Conference of Catholic Bishops, Catholic health care systems and hospitals, and to dicasteries of the Holy See. The NCBC brings unparalleled services to these institutions in the form of six full-time PhD-level ethicists and a legacy of trust and integrity.

EDUCATION

The NCBC provides education drawing on the deepest resources of the Catholic faith to help people address challenging ethical issues in health care and biomedical research. The NCBC offers seminars and lectures for a wide range of audiences, including a biennial Workshop for Bishops, and a Certification Program in Health Care Ethics based on the *Ethical and Religious Directives for Catholic Health Care Services*, with optional graduate credits from Holy Apostles College and Seminary and the University of Mary.

CONSULTATIONS

The NCBC provides services to Catholic health ministries to address issues in health care ethics and to strengthen Catholic identity. The NCBC provides a comprehensive assessment of Catholic health ministries (including policies, educational programs, collaborative arrangements, and diagnosis and procedure codes) via its *Catholic Identity & Ethics Review* (CIER) program or can perform case-specific reviews of incidents, policies, and printed materials. The NCBC also provides policy resources and webinars on an ongoing basis.

PUBLICATIONS

The NCBC is the leading publisher of articles and books on Catholic health care ethics, including *Catholic Health Care Ethics: A Manual for Practitioners*. The NCBC has published *Ethics & Medics*, a monthly commentary, since 1976, and the *National Catholic Bioethics Quarterly*, an award-winning scholarly journal, since 2001.

“May God bless The National Catholic Bioethics Center in its desire and commitment to be of service to the Magisterium of the Church and to the cause of humanity. And may the Holy Spirit direct your minds and hearts to enter more fully into the mysteries of His divine Wisdom and to be ever more inflamed with His Love.”

—POPE ST. JOHN PAUL II, JANUARY 28, 1980, ON THE OCCASION OF THE FIRST NCBC WORKSHOP FOR BISHOPS

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BENEFITS AND SERVICES

Membership provides key benefits to Catholic health ministries, administrators, and staff, including:

- Twenty-four-hour emergency access to the Executive Vice President of the NCBC
- Eight hours of consultation with an NCBC ethicist
- Access to NCBC policy resources and webinars
- A one-year online subscription to the *National Catholic Bioethics Quarterly* (4 issues), with access to a searchable database of back issues
- Five one-year online subscriptions to *Ethics & Medics* (12 issues)
- A 40% discount on a full- or half-day seminar presented remotely or at your location by an NCBC ethicist (travel expenses additional)
- Tuition discount (10%) for NCBC Certification program for one (1) staff member per year.
- Discount (10%) for all NCBC seminars.
- Free shipping and a 20% discount on orders at NCBC's online store (US destinations only)
- Email updates on current bioethics issues, including public policy

HOSPITAL MEMBERSHIP FORM
Hospital membership dues are \$5,000

Membership begins the month in which membership dues are received and is renewed annually in that month. Please fill out the form below and send it to us by mail or fax using the contact details below.

HOSPITAL: _____ _____ NAME (PRESIDENT/CEO/ADMINISTRATOR/ASSISTANT) _____ MAILING ADDRESS: _____ _____ _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ FAX: _____ E-MAIL: _____	<input type="checkbox"/> Check enclosed for \$5,000 <input type="checkbox"/> Please send invoice <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover CARD NUMBER: _____ EXPIRATION DATE: _____ SEC. CODE: _____ NAME ON CARD: _____ SIGNATURE: _____ <i>If billing address differs from the mailing address, please enter it here:</i> BILLING ADDRESS: _____ _____ CITY: _____ STATE: _____ ZIP: _____
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Send Application and Correspondence to:

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