

# ASPMN® AP-PMN APPLICATION

Name: \_\_\_\_\_ ASPMN® Member ID # (if applicable): \_\_\_\_\_

Mailing Address:  Home  Work

\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

E-mail: \_\_\_\_\_

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RN State Licensure: \_\_\_\_\_

If licensed in multiple states as RN:  RN State: \_\_\_\_\_  RN State: \_\_\_\_\_

APRN State Licensure: \_\_\_\_\_

If licensed in multiple states as APRN:  APRN State: Choose an item.  APRN State: Choose an item.

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Education (check all that apply; click appropriate box, right click, properties, checked):

MS  MSN  DNP  PhD  Other: \_\_\_\_\_

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Area of practice (check all that apply; click appropriate box, right click, properties, checked):

Acute  Homecare  Outpatient  Extended Care  Industry  Private  
 Education  Research  Administration  Other: \_\_\_\_\_

Years in Nursing: \_\_\_\_\_

Years as Certified Pain Management Nurse: \_\_\_\_\_

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I attest that all statements on this application are true. If statements are found to be false, certification may be suspended or revoked. (Signature required below)

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

# PORTFOLIO CHECKLIST

✓ Include the following documents with your completed application portfolio (*click on box, right click, properties, checked when completed*). All materials must be computer generated (*not hand written*):

- Application
- Copy of ANCC Pain Management Certification
- Copy of APRN Certification (if applicable)
- Copy of your Graduate level diploma or transcripts reflecting completion of APRN program
- Point Log
- Most recent performance evaluation *or* peer letter of recommendation
- Curriculum Vitae or resume, including current position summary to reflect your AP role
- Complete all necessary information required on each verification form
- Keep a copy of your materials
- Submit fee
- Submit all materials either on-line (*coming soon*), email to [aspmn@kellencompany.com](mailto:aspmn@kellencompany.com), or mail hard copy to the addresses below.

## **Fees:**

\$350 (ASPMN® Members)

\$490 (Non-members)

All funds MUST be submitted from a U.S. bank in U.S. funds. ASPMN® does not accept purchase orders or invoice for services.

- Check made payable to ASPMN® check # \_\_\_\_\_
- Credit Card

ASPMN® no longer accepts credit card numbers on paper forms. All credit card payments must be made online. If you elect to pay by credit card you will receive an invoice and instructions on how to access your online account and how to make your payment.

## **Payment type submission information**

**Credit Card:** email application to [aspmn@kellencompany.com](mailto:aspmn@kellencompany.com)

## **Check:**

**Mail completed application, supporting documentation and check to:**

AP Portfolio  
ASPMN® Executive Office  
4400 College Blvd  
Suite 220  
Overland Park, KS 66211

**\*NOTE:** The ASPMN® AP Commission is not responsible for correspondence lost in the mail. If submitting hard copy, it is advisable to send your application by traceable means that require a signature, such as UPS or Federal Express. Please note that certified mail is only traceable when you request and pay for tracking. For online submission, scan and upload required documents.

The entire application review process may take up to 60 days from date of receipt. If you have not received notification of receipt within 2-3 weeks, please contact the ASPMN® AP Commission. Applications can be submitted at any time. Only completed applications will be reviewed. Successful applicants will receive a certificate and may use the title "Advanced Practice-Pain Management Nurse" AP-PMN.