



4400 College Blvd Suite 220 ❖ Overland Park, KS 66211 ❖ 913-222-8666 ❖ ASPMN@kellencompany.com

American Society for Pain Management Nursing® Nurse Exemplar Award in Pain Management of the Older Adult

Purpose:

The ASPMN® Nurse Exemplar Award in Pain Management of the Older Adult, established in 2005 by the American Society for Pain Management Nursing® and the Nurse Competence in Aging Project of the American Nursing Associate, Specialty Nursing Association Partners Grant, is presented to a nurse in recognition of outstanding contribution to the care of older adults with pain. Self-nominations are encouraged.

Selection and Notification:

All nominations or applications and accompanying documents must be submitted to the National Office of ASPMN® by **May 31, each year**. The Achievement and Recognition Committee will review applications/nominations to select the recipient.

The following format and criteria will be used to select a nurse for recognition at the American Society for Pain Management Nursing® National Conference.

Eligibility Requirements:

Nominees must:

- Be a member of ASPMN®.
- Have demonstrated leadership and outstanding contribution to the care of older adults with pain.
- Demonstrate an extensive history of participation in pain management nursing practice, research, and education related to older adults.

Nomination applications for the Nurse Exemplar Award in Pain Management of the Older Adult should include:

1. Completed Application Form (back of this page)
2. Two letters of recommendation, not to exceed two pages each, ASPMN® members. These letters should state how the nominee has demonstrated contributions to pain management in older adults.
3. A current copy of the nominee's curriculum vitae.

Award:

The ASPMN® Nurse Exemplar Award in Pain Management of the Older Adult recipient will receive:

- Complimentary registration to one ASPMN® National Conference.
- Recognition at the ASPMN® National Conference.
- Recognition in ASPMN®'s *E-News* and in *Pain Management Nursing*
- A selected gift of recognition



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ASPMN[®] Nurse Exemplar Award in Pain Management of the Older Adult Application Form

Please print clearly or type.

Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

ASPMN[®] Member since: _____

Leadership and exceptional contribution to the field of nursing pain management have been demonstrated by:

An extensive history of participation in pain management nursing practice, education, and/or research has been demonstrated by:

ASPMN[®] Offices Held: _____

ASPMN[®] Committee Chair Positions: _____

ASPMN[®] Committee Participation: _____

Nominated by: _____ Telephone: _____

Address: _____

Attach additional pages as necessary.