



P.O. Box 15473 ❖ Lenexa, Kansas 66285-5473 ❖ 913/895-4606 ❖

ASPMN Certification Preparation Course Agreement

American Society for Pain Management Nursing (ASPMN) and **NAME OF SPONSOR** (sponsor) hereby agree to the following:

Sponsor shall schedule the ASPMN Pain Management Nursing Certification Preparation course in **CITY, STATE** on **DATE OF PREPARATION COURSE**

Sponsor shall pay ASPMN the course fee of \$3,000 no less than sixty (60) days before the course. **Payment should be submitted with the signed contract.**

Sponsor shall arrange for a facility in which the course shall be held; book and pay for lodging and transportation for the master faculty; market the course; print the course syllabus as given by ASPMN for distribution to participants; handle registration; make arrangements for a laptop computer and LCD projector set up; and furnish on-site coordination for the course and faculty. Other faculty travel expenses may also be billed to the Sponsor by ASPMN. Sponsor shall provide ASPMN with a sample of the course marketing materials before mailing for authorization.

The sponsor shall be responsible to make and provide copies of the presentation in handout form or provide electronically to all participants.

The sponsor shall be responsible to make and provide copies of the evaluation tool for all participants of the lecture and distribute at the beginning of the lecture.

The sponsor shall be responsible to make and provide copies of the continuing education certificate for all attendees and distribute to attendees ONLY after each participant has submitted their evaluation.

The sponsor shall be responsible to maintain a listing of attendees in an Excel spreadsheet with contact information for each participant to be sent to ASPMN's National Office within 7 business days of the lecture.

The sponsor shall be responsible to collect the evaluations and summarize into spreadsheet; submit spreadsheet to ASPMN's National Office within 7 business days of lecture.

ASPMN shall schedule the faculty, pay the speakers honorarium, supply one (1) complete course syllabus in PDF format to be reproduced for participants by Sponsor, advertise the course in each issue of *Pathways* sent before the course date as well as on the Web site, www.aspmn.org; and provide the course evaluation template and contact hour certificate.

ASPMN shall provide one (1) mailing list of members in the sponsor's geographic area free of charge, upon receipt of a copy of the mailing (or a mock-up of the mailing) advertising the course. Additional requests for the mailing list shall be charged at a 10% discount off the regular rental cost of .25 per name.

The ASPMN Certification Preparation Course has been approved for 7.0 contact hours by the New York Nurses Association which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center Commission on Education. ASPMN shall provide contact hour credits and use an evaluation template.

Here is the statement the New York Nurses Association requires to be included on all marketing materials:

ASPMN is an approved provider of continuing nursing education by the New York State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

A BLANK LINE MUST APPEAR HERE

It has been assigned code **SQQHT-PRV-09-08**

The ASPMN Pain Management Nursing Certification Preparation course should be advertised as preparation for the American Nurses Credentialing Center's pain management certification examination.

The ASPMN Certification Preparation Course may be cancelled without penalty if ASPMN is notified no less than 60 days before the scheduled date of the course. Cancellation of the ASPMN Certification Preparation Course no less than 30 days before the scheduled date will result in a 50% refund of the fee. Within 30 days of the scheduled course, no refund will be granted.

NOTE: Only ASPMN Master Faculty shall teach the ASPMN Pain Management Nursing Certification Preparation course.

The persons signing this Agreement warrant that they are authorized to execute this document.

For American Society for Pain Management Nursing (ASPMN)

Dated: **ENTER DATE**

Jerrie Lynn Kind
Executive Director
ASPMN

For **NAME OF SPONSOR**

Dated: _____

**NAME OF CONTACT PERSON
AND SPONSOR**