



CE Symposia Guidelines

ASPMN® 30th National Virtual Conference – October 21-23, 2020

The American Society for Pain Management Nursing®'s mission is to advance and promote optimal nursing care for people affected by pain by promoting best nursing practice. This is accomplished through education, standards, advocacy and research.

ASPMN®'s goals include the following:

- *Access to quality care:* All people will have access to health care services that provide quality pain management care as defined in core values.
- *Public Awareness:* The public will demonstrate self-advocacy skills essential to their pain care needs.
- *Professional Resources:* Members will have instant, easy and affordable access to current, best practices and evidence-based resources.
- *Education:* All health care professionals and their patients will benefit from pain management education.
- *Professional Recognition:* Nurses in pain management will be respected, valued and compensated for their expertise as an integrated and indispensable member of the health care team.

ASPMN® uses the following process for CE satellite symposia:

1. The symposium provider or communications partner representative will provide the proposed satellite symposium information to the ASPMN® Executive Office no later than **August 17, 2020** for consideration.
 - a. Title and brief session description
 - b. Tentative presenters for the symposium
 - c. Objectives of the symposium
 - d. Confirmation of funding
2. The ASPMN® Conference Planning Committee will review and approve the educational program.
3. The symposium provider or communications partner representative is responsible for payment of honoraria to the speakers.
4. **The symposium provider or communications partner representative is responsible for all marketing costs and stand-alone brochures advertising the symposium.**
5. ASPMN® will advertise the symposium on the association's official web site, and on the conference app.
6. The symposium provider or communications partner representative will provide symposium handouts for posting on the conference app.
7. The symposium provider or communications partner representative will provide all necessary information at the times established by ASPMN® for the contact hour application by August 17, 2020.
8. **ASPMN® will utilize its CE provider status for each symposium as part of the overall National Conference. ASPMN® does not allow CE symposium providers to apply for their own continuing education. ASPMN® does NOT apply for continuing education for enduring materials, nor can ASPMN® provide continuing education for enduring materials.**
9. The ASPMN® Executive Office will designate a date and time for the symposium.
10. An ASPMN® Executive Office staff person will be responsible for all aspects of the event and will coordinate with the communications company representative.

ASPMN® Contact Person:
Christie Ross
Education Program Coordinator
(913) 222-8626
christie@aspmn.org
11. ASPMN® staff will handle all registrations for the symposium and provide a complete list of participants to the symposium provider or communications partner representative after the event. Please note that all conference attendees are eligible to attend this event, and they register for it as part of the ASPMN® National Conference registration.
12. ASPMN® staff will provide a one-time use attendee list to the symposium provider or communications partner representative for advertising its symposium. This list will be provided four weeks prior to the conference (this list will most likely only include approximately 75% of the total attendance as meeting registration will still be in progress).

Please note, this list only includes mailing addresses. No email addresses will be provided.

13. All advertising for the symposium must be pre-approved in writing by the ASPMN® Executive Office prior to printing. Please allow five business days for approval.
14. ASPMN® Executive Office staff will provide the symposium provider or communications partner representative with participant evaluation responses for the symposium and will provide a full pre-registration and post-attendee registration list four weeks prior to and six weeks after the event respectively.
 - a. Please note that ASPMN® only evaluates the speakers and the objectives provided. **If you would like a separate evaluation set up for this event, please provide the questions and potential responses to Christie by September 14, 2020.**
15. An administrative fee will be assessed for the symposium. The fee is inclusive of platform usage, marketing, ASPMN staff support and a practice session:

Virtual Symposium - \$5,000
16. ASPMN will provide the platform on which the symposium will take place. A practice session will be set up in advance of the live event.

Information to be included in the proposal:

1. Completed Educational Activity Overview Form for the session, to include objectives, outline, time allotted for each topic, speakers assigned to each topic and the type of presentation (form included).
2. Proposed speakers and a Biographical/Vested Interest Form for each speaker (form included).
3. A paragraph description (approximately 250 words) of the session that, when approved, can be used on the conference website and in the conference app.
4. Name and contact information of the communications company handling the symposium and contact information of the provider.
5. Additional needs
6. Signed provider agreement.

Advertising Regulations

1. All advertising for the symposium must be approved by the ASPMN® Executive Office prior to printing.
2. Advertising should state, "The symposium is supported through an unrestricted educational grant provided by (provider name)" in accordance with ASPMN® policy.
3. ASPMN® does not endorse satellite symposia and should not be indicated as endorsing the symposium in the advertising.
4. An accreditation statement must be included in all advertising. The following statement is used: "The Greater Kansas City Chapter of the American Society for Pain Management Nursing® is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering has been submitted for approval of contact hours applicable for RN, LPN, LMHT relicensure and pharmacology hours for APN relicensure."

Cancellation Policy

Should the symposium provider be unable to provide the symposium as indicated on the provider agreement, the representative shall promptly notify ASPMN®. All sums paid by the symposium provider, less a service charge of 50 percent, will be refunded after the conference. No refund or cancellation will be accepted on or after August 17, 2020.

Should you have any questions regarding the satellite symposium, please contact Christie Ross at christie@aspmn.org or (913) 222-8626.



ASPMN® CE SYMPOSIUM PROVIDER AGREEMENT

Providing Organization:			
Communications Company:			
Symposium Contact:		Billing Contact:	
Symposium Contact Phone:		Symposium Contact Email:	
Billing Contact Phone:		Billing Contact Email:	

Full Address (include contact person and full mailing address – the invoice for the symposium sponsorship fee will be sent to this address): _____

Our organization requests to hold the following activity at the ASPMN® 30th National Conference:

Level of Sponsorship:

Virtual Symposium - \$5,000

Preferred Date:

Thursday, October 22, 2020

Friday, October 23, 2020

Payment must be received in full prior to confirmation of date for your event. Please remit payment to ASPMN® within 30 days of submission of this form. Payment may be sent to:

ASPMN®
 P.O. Box 723248
 Atlanta, GA 31139

Payment Information: Check American Express Discover MasterCard Visa

Card Number: _____ Exp: _____

Name on Card: _____

Cardholder Signature: _____

I have read and will adhere to the guidelines set forth in the CE Symposium Guidelines provided to me with this agreement.

 Signature of Authorized Contact Person

 Date

Return this form via email to Christie@aspmn.org prior to August 17, 2020



BIOGRAPHICAL DATA/CONFLICT OF INTEREST FORM
 Return this form to christie@aspmn.org by August 17, 2020.

INSTRUCTIONS: Complete ALL sections. Use this format only to provide the documentation of an individual's expertise related to his/her role in the activity. **Do not attach any additional material such as curriculum vitae.

Presenter

Name, Degrees & Credentials (i.e. BSN, MSN)	
Preferred Address	
Preferred Phone	
Cell (to only be used onsite at the conference if needed)	
Email Address	
Present Position (title) & Employer	

Education: Include basic college preparation through highest degree(s) held.

Degree	Institution (Name ,City, State)	Major area of study	Year degree awarded

Describe your expertise/professional experience related to your role in this activity.

VESTED INTEREST DISCLOSURE DECLARATION

***Please check the appropriate line.**

_____ I declare that I have no actual, potential or perceived vested interests in relation to this program.

_____ I declare that I have a vested interest/arrangement or affiliation with an organization(s) that could be perceived as a real or apparent conflict of interest. **This fact will be made known to attendees of the activity.** Such disclosure allows the audience to better evaluate the objectivity of the information presented in sessions.

Organization/Potential Conflict	
Organization/Potential Conflict	
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EDUCATIONAL ACTIVITY OVERVIEW FORM

30th National Conference – October 21-23, 2020

Return this form to christie@aspmn.org by August 17, 2020.

Session Title	
Main Presenter	
Session Date/Time	
Total Number of Contact Hours (50 min. = 1.0 CNE-KSBN)	
Overall Objective for this Session	

Objectives	Content	Time Frame	Presenter	Teaching Strategies
List the educational objectives (must have a minimum of 3 for a single lecture; when more than one lecture is being given, a minimum of 2 objectives is required for each presenter).	Provide an outline of the content/topic presented and indicate to which objective(s) the content/topic is related.	Provide a time frame for topic/content area in minutes. <i>If your presentation includes pharmacology content, indicate the number of minutes below in addition to the total number of minutes.</i>	List the presenter for each topic or content area.	List the teaching strategies by each presenter for each topic or content area.
		____ Pharmacology Minutes		
		____ Pharmacology Minutes		
		____ Pharmacology Minutes		