



American Society for Pain Management Nursing (ASPMN) Pain Management Advocacy Award

PURPOSE

The ASPMN Pain Management Advocacy Award, established in 2004 by the ASPMN Board of Directors, is presented to an individual or group in recognition of outstanding contributions in promoting awareness of pain and its treatment through local, state, and national advocacy programs, governmental reform, and/or media exposure.

SELECTION AND NOTIFICATION

All nominations or applications and accompanying documents must be submitted to the National Office of ASPMN by **May 31, 2010**. The Achievement and Recognition Committee will review applications/nominations.

The following format and criteria will be used to select an individual or group for recognition at the American Society for Pain Management Nursing Annual Convention.

ELIGIBILITY REQUIREMENTS

Nominees must:

- Demonstrate leadership and outstanding contributions which have influenced public perception, attitudes, and awareness of pain and its management through public education, governmental reform and/or media exposure compatible with the ASPMN mission and goals
- Be nominated by an active ASPMN Member

ASPMN membership is not a requirement.

Nomination applications for the Advocacy Award should include the following:

1. Completed Application Form
2. Nomination letter from an ASPMN member which highlights the nominee's leadership and outstanding contributions which have influenced public perception, attitudes and awareness of pain and its management through public education, governmental reform and/or media exposure compatible with the ASPMN mission and goals
3. Two letters of support for the nomination
4. Evidence of advocacy

AWARD

The ASPMN Pain Management Advocacy Award recipient will receive:

- Complimentary registration to the 2010 ASPMN Annual Convention
- Recognition at the ASPMN Annual Convention
- Recognition in *Pathways* and in *Pain Management Nursing*
- A selected gift of recognition

ASPMN Advocacy Award

Application Form

Please print or type.

Name of individual or group _____

Credentials (if individual) _____

Title (if individual) _____

Place of Employment (if individual) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Email Address _____

Nomination applications for the Advocacy Award should include the following:

- 1. Completed Application Form**
- 2. Nomination letter from an ASPMN member which highlights the nominee's leadership and outstanding contributions which have influenced public perception, attitudes and awareness of pain and its management through public education, governmental reform and/or media exposure compatible with the ASPMN mission and goals**
- 3. Two letters of support for the nomination**
- 4. Evidence of advocacy**

Nominated by _____ Date _____