

AMERICAN SOCIETY FOR
**Pain Management
Nursing**

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

**American Society of Pain Management Nursing (ASPMN)
Humanitarian Award**

PURPOSE

The ASPMN Humanitarian Award, established in 2010 by the ASPMN Board of Directors is presented to an individual in recognition of their outstanding involvement and dedication to the community through their voluntary service.

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 for recognition at the American Society for Pain Management Nursing Annual Convention.

ELIGIBILITY REQUIREMENTS

Nominees must:

- Be a member of the ASPMN for a minimum of 1 (one) year.
- Demonstrate a commitment to further the betterment of the world community through voluntary service. The volunteer project must be an existing project of a minimum of 1 (one) year, not a start-up project.
- Be nominated by an active ASPMN member.

Nomination applications for the Humanitarian Award should include the following:

1. Completed Application Form
2. Nomination letter from an ASPMN member which highlights the nominee's commitment to the betterment of the world community through volunteer service. The nomination letter should include a description of the voluntary humanitarian activity, the date(s) and the approximate number of hours, specifying if the hours are per week, per month, or for a onetime event. The nomination letter should also include an explanation of how the project influenced the lives of those served.
3. Two letters of support for the nomination.
4. Letter of verification from the organization that describes the project and the compassion and dedication that the nominee showed to the project.

Materials must be submitted electronically to ASPMN at aspmn@goamp.com

AWARD

- Complimentary registration to the 2010 ASPMN Annual Conference
- Recognition at the ASPMN Annual Conference
- Recognition in *Pathways* and in *Pain Management Nursing*
- A selected gift of recognition
- Check in the amount of \$100.00 to the organization in which the volunteer experience was performed.



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ASPMN Humanitarian Award Application Form

Please print or type.

Name _____

Credentials _____

Title _____

Place of Employment _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ E-Mail address _____

Statement by nominee describing the volunteer project, and what was most personally satisfying and why, and what benefits did the nominee derive from this volunteer experience. (Attach to the application)

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3. Two letters of support for the nomination
4. Letter of verification from the organization that describes the project and the compassion and dedication that the nominee showed to the project.
5. Nominee's statement describing the volunteer project, and what was most personally satisfying and why, and what benefits did the nominee derive form this volunteer experience.

Nominated by: _____ Date _____