



Nurse Exemplar Award

Purpose:

The ASPMN Nurse Exemplar Award, established in 2000 by the American Society for Pain Management Nursing, is presented to a nurse in recognition of outstanding contribution to the field of pain management nursing. 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, 2010**. 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 Annual Meeting

Eligibility Requirements:

Nominees must:

- be a member of ASPMN. Serving as a Board member, committee chair, or on a committee is an asset but not a requirement.
- have demonstrated leadership and outstanding contribution to the field of pain management nursing.
- demonstrate a history of extensive participation in pain management nursing practice, education, and/or research.

Nomination applications for the Nurse Exemplar Award should include:

1. Completed Application Form (back of this page)
2. Two letters of recommendation, not to exceed two pages each, at least one of which is from an ASPMN member.

Award:

The ASPMN Nurse Exemplar Award recipient will receive:

- A complimentary registration to one ASPMN Annual Meeting
- Recognition at the American Society for Pain Management Nursing Annual Meeting
- Recognition in *Pathways*.

ASPMN Nurse Exemplar Award 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.