



## American Society for Pain Management Nursing<sup>®</sup> Advanced Practice Portfolio for recognition as an Advanced Practice Pain Management Nurse

January 2014

Note The Handbook and Verification Forms should be downloaded and printed from the ASPMN<sup>®</sup> web site, [www.ASPMN.org](http://www.ASPMN.org). All materials contained in this publication are the property of the ASPMN<sup>®</sup> and may not be copied unless the purpose of the copies is related to submission of an AP portfolio.

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## **Preface**

### **MISSION STATEMENT**

ASPMN<sup>®</sup> is committed to promoting the highest standard of consumer care and safety by providing recognition for Advanced Practice in Pain Management Nursing. The ASPMN<sup>®</sup> AP Commission grants recognition of competence to an individual who has met predetermined standards as an indication of current proficiency in this specialized area of practice.

### **Advanced Practice Portfolio**

This document was developed by the ASPMN<sup>®</sup> Advanced Practice (AP) Task Force: Patricia Bruckenthal, PhD, APRN-BC; and ANP, Helen Turner, DNP, CNS.

### **Membership of the ASPMN<sup>®</sup> AP Commission:**

The membership of the ASPMN<sup>®</sup> AP Commission shall include no less than five people. At least one Clinical Nurse Specialist, one Nurse Practitioner, and one non-advanced practice nurse who holds an advanced degree in nursing at the graduate level. Commission term limits are two years and a member may serve no more than four consecutive years. One person shall be assigned as chair of the commission. Members will be appointed on alternate years.

The members of the inaugural commission (2014) are: Helen Turner, DNP, RN-BC, PCNS-BC, FAAN; Ann Schreier, PhD, RN; Carol Curtiss, MSN, RN-BC; Davey Voss, MS, APN-FNP; and Cheryl Marks, MS, RN-BC, FNP.

### **About the ASPMN<sup>®</sup> AP Recognition Program**

Qualified nurses may be recognized as having achieved Advanced Practice Competency in Pain Management Nursing by fulfilling the activity requirements of the Advanced Practice portfolio (AP). Advanced Practice Registered Nurses (NP, CNS, CRNA, and CNM) that carry a current Pain Management nursing certification can apply for AP recognition via portfolio.

The objectives of the ASPMN<sup>®</sup> AP recognition program are to promote excellence in Advanced Practice Pain Management Nursing by:

1. Formally recognizing those individuals who meet all the requirements of the ASPMN<sup>®</sup> AP program.
2. Encouraging continued professional growth in the practice of pain management Nursing.
3. Establishing and measuring the level of knowledge required for AP recognition in pain management nursing.
4. Providing a standard of knowledge required for recognition, thereby assisting the employer, public, and members of health professions in the assessment of the AP Pain Management Nurse.

## About the Advanced Practice (AP) Portfolio Program

The Advanced Practice (AP) Portfolio Program is a mechanism for demonstrating advanced level knowledge and competency in the practice of pain management nursing evidenced by completion of:

- Entry level ANCC Pain Management certification by examination
- Graduate level nursing education as a patient care provider (NP, CNS, CNRA, or CNM), and
- Professional activities that contribute to the advancement of the art and science of Pain Management Advanced Practice Nursing

ASPMN<sup>®</sup> has established the AP recognition program at the request of Advanced Practice Nurses specializing in pain management. Activities approved for AP portfolio points go beyond routine, entry-level pain management nursing practice, and challenge individual applicants to contribute to the art and science of the specialty. The AP portfolio demonstrates the clinician's achievement of Advanced Practice; each packet will be unique and reflect the interests of the individual practitioner. The AP Portfolio Program is to be used for AP recognition only after entry-level specialty nursing practice knowledge has been demonstrated by examination. The Advanced Practice recognition must be renewed every five (5) years via submission of the AP Professional Portfolio.

## Eligibility Requirements

To be eligible for the Advanced Practice recognition by ASPMN<sup>®</sup>, the applicant must fulfill the following requirements:

1. Hold current APRN license OR advanced practice nursing position
2. Possess current entry-level ANCC Pain Management certification
3. Hold a Master's, Post-Master's or Doctorate degree as a Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, or Certified Nurse Midwife (A copy of diploma and official APRN transcripts must accompany application.)
4. Work completed to meet eligibility criteria must be completed after achieving APRN status

NOTE: You are advised to keep a copy of your AP recognition application and materials. The ASPMN<sup>®</sup> AP Board is not responsible for correspondence lost in the mail. It is advisable to send your application materials by traceable means that require a signature, such as UPS or Federal Express. Please note that certified mail is only traceable when you request and pay for tracking.

Send all materials and direct your inquiries to:

Certified Mail: ASPMN<sup>®</sup> Attn: AP Portfolio Program  
P.O. Box 15473  
Lenexa, KS 66285-5473

UPS/Federal Express: ASPMN<sup>®</sup> Attn: AP Portfolio Program  
18000 W. 105th  
Olathe, KS 66061-7543

## AP Portfolio Program Points

There are nine categories of professional growth activities in which you can earn AP portfolio points.

- A. Continuing Education
- B. Program or Projects
- C. Research
- D. Publication
- E. Teaching
- F. Involvement in Professional Organizations
- G. Academic Education/AP Certifications
- H. Projects/Activities not defined

A total of 100 AP points must be earned **during the current five-year recognition period and prior to the application deadline.**

*If you have any questions regarding what is or is not acceptable, please refer to the “AP Portfolio Ask the Commission” section of the [www.ASPMN.org](http://www.ASPMN.org) website to see if a similar question was asked by another applicant and answered by a Commission member. If you cannot find a similar question posted, feel free to post your question. A Commission member will respond to your question within one week.*

- Keep accurate and detailed records of your Pain Management practice activities that count toward AP points.
- Candidates must have completed any projects or programs they are claiming for portfolio points prior to application submission in order for the points to be approved.
- Your application, point logs and verification forms should be typed or computer generated. Electronic forms are available from the [www.ASPMN.org](http://www.ASPMN.org) website.
- Do not submit point logs with excess points. Packets that contain excess points will be returned.
- If you have questions – call the ASPMN<sup>®</sup> National Office (913) 895-4606, or visit the ASPMN<sup>®</sup> website ([www.ASPMN.org](http://www.ASPMN.org)) and submit your question via “AP Portfolio Ask the Board.”

## Checklist

- ✓ Include the following documents with your completed application:
  - Application form (typed or computer generated)
  - Copy of ANCC Pain Management Certification
  - Copy of APRN Certification (if applicable)
  - Copy of your Graduate level diploma and transcripts reflecting completion of APRN program
  - Point Logs (typed or computer generated)
  - Most recent performance evaluation OR peer review letter of recommendation
  - Curriculum Vitae, including current position summary reflective of Advanced Practice duties and responsibilities (typed or computer generated)
  
- ✓ Complete all necessary Summarization and Verification Forms (typed or computer generated). Be sure to list the required total of 100 AP Portfolio Points. Note the minimal points required and maximum allowed for each category.
  
- ✓ Make a check payable to the ASPMN<sup>®</sup> AP Recognition. For information concerning recognition fees, see fee schedule on page 9.

Send the completed application and all necessary forms and documentation to:

**Certified Mail:** ASPMN<sup>®</sup> Attn: AP Portfolio Program  
P.O. Box 15473  
Lenexa, KS 66285-5473

**UPS/Federal Express:** ASPMN<sup>®</sup> Attn: AP Portfolio Program  
18000 W. 105th  
Olathe, KS 66061-7543

## Instructions

### AP Points

There are eight categories of activities in which you can earn AP points.

- A. Continuing Education
- B. Program or Projects
- C. Research
- D. Publication
- E. Teaching
- F. Involvement in Professional Organizations
- G. Academic Education/AP Certifications
- H. Projects/Activities not defined

Each category contains activities which are assigned a specific value in AP points. Each category is assigned a letter and each activity is assigned a number. A total of 100 AP points must be earned during the current five-year recognition period for which you applying. All submitted activities and projects must be completed prior to application deadline.

Within these 100 points, there is a **minimum requirement that 20 points must first come from CEs which directly relate to pain management**. Overall, fifty (50) AP points must directly relate to pain management nursing. The remaining 50 points do not have to directly relate to pain management, but must reflect professional topics that specifically impact APRN Pain Management practice.

Continuing Education (CE) points related to such topics as tuberculosis, domestic violence, employer-mandated activities such as CPR, safety and infection control, etc., would not be acceptable because none of these topics is specific to Pain Management Nursing practice. Acceptable topics related to professional issues might include “Pain Management Legal Issues,” “Preceptor Workshop,” “Marketing your Business,” “Integrating Technology and Outpatient Billing/Reimbursement,” etc. **Candidates must complete the required CE courses prior to the application deadline.**

Professional Practice is defined as courses or activities that are not clinically related to pain management but which impact or enhance the role of the Advanced Practice Pain Management Nurse.

(See pages 6-7 for additional AP definitions of terms.)

POINTS DISTRIBUTION FOR EACH CATEGORY	Category	Minimum Points Required	Maximum Points Allowed
	A. Continuing Education	20 related to specialty	40
	B. Program or Project	10	40
	C. Research	10	40
	D. Publication	10	50
	E. Teaching	10	50
	F. Professional Orgs.	None	50
	G. Academic Education/AP Certifications	None	50
H. Projects/Activity Not Defined	None	To be determined by the AP commission	

## Point Logs

The Point Logs are meant to contain an overview of what is included in your entire portfolio, with the total points for the activities submitted in the available categories (A – H). Be sure you list only the total points you are including in each category of your portfolio. Do not submit point logs with excess points (over 100), or the packet will be returned. You will notice in the example on the Point Log that for category A-H, CE certification the line has been completed, except for the number of credits you have achieved. You will need to insert the number of CEs you are claiming for your recertification. Fill out a verification form for each activity contained in your portfolio.

### EXAMPLE POINT LOG

Category	Activity	Description	Date(s)	Total Points
A	1	CE Total	2009 – 2012	30
B	3	Establish Team	2010	10
C	2	Grant Written	2009	25
D	3	Reviews	2011 – 2012	15
E	1	Teaching	2010 – 2012	15
G	1	APRN National Certification	2009	25
H		Not Defined		0
<b>TOTAL POINTS</b>				<b>100</b>

### Category A (CEs)

It is important you submit a complete listing of each individual educational session you attend during a conference or program. For example, if you attend ASPMN's Annual Conference and earn 18 CEs, you must individually **list each session title** on the Category A Verification Form. Please note, there is a maximum of 40 CEs allowed in Category A. To calculate AP points in this category, refer to the Worksheet/Instructions on page 12.

## Definition of Terms

The following definitions have been developed to explain the meaning of some of the terms used in this handbook. Please review these definitions before you begin filling out the forms. If you have additional questions after you have reviewed the terms, you should go to the ASPMN website at [www.ASPMN.org](http://www.ASPMN.org), click on “AP Portfolio Ask The Commission,” and post your question. Your question will be answered within one week. (*“Ask the Commission”*)

**Anticipatory Guidance:** Information given to a patient prior to a situation so the patient can prepare himself psychologically and develop problem-solving and coping strategies.

**Brochure/Pamphlet:** Summary of information regarding a product or service.  
*Example:* You develop a tri-fold marketing piece outlining the Pain Management Services offered at your hospital.

**Clinical Pathway:** A clinical pathway is intended to be a multidisciplinary patient plan of care. These pathways are disease/condition specific and usually include standing orders, policy and procedures, patient education, ongoing patient assessment criteria, etc. Many times for this process to be developed there are multidisciplinary meetings held to determine what must be in the pathway. Activities in this category require multiple steps for completion.

**Competency Based Tool:** An educational activity that measures the pain management skills and knowledge of the nursing staff.

*Example:* You develop a pain management competency test for the nursing staff that consists of a scenario to evaluate a pain management patient when the patient is not able to self-report pain. The nursing staff then completes a CPOT scale, and documents the results and proposed treatment plan in the patient record.

**Contributing Author:** Name is cited as a contributing author in the published textbook or chapter.

**Forum or Advisory Panel:** Providing a voluntary role as a consultant on various Pain Management issues, i.e., Manufacturers advisory panels, new product development/advancing products, reviewing manufacturers literature, etc.

**Grant Activities (non-research based):** Grant applications for activities such as: education programs for your facility, equipment, or other "non-research based activities" which would not go before an IRB. Grant activity that only requires institution approval since the application does not involve human subjects or informed consent.

*Example:* Institution approved grant proposal submitted to a University or company that supports nursing education (such as Lippincott Williams & Wilkins, etc.) to request funding for educational program at your facility.

**Healthcare Professional Fact Sheet:** Factual clinical information intended for the healthcare professional.

*Example:* You develop a clinical fact sheet for nursing students which shows the difference between acute and chronic pain treatment options.



**IRB (Institutional Review Board):** A committee/group that is given the responsibility by an institution to review research projects involving human subjects. The purpose and role of the IRB is to assure the protection and safety, rights and welfare of research participants (human subjects).  
*Example:* Institution and IRB approved grant proposal submitted to the NIH Institute of Nursing Research to request funding for a research study at your facility.

**Learning Module:** A pain management course in a written, electronic, or video format. The module must include objectives, learning activities and competency evaluation (post-test, return demonstration, etc.).

*Example:* During RN Orientation, you are asked to complete a written learning course on the Pain Management Policies and successfully pass a written test on the subject.

**Multidisciplinary Pain Management Service:** Establishing a pain management practice that includes various disciplines. For example: a team consisting of a Pain Management Nurse, a Physical Therapist, a Pain Management physician, and a Psychologist, etc., who are involved in caring for pain patients.

**Patient Education Tool:** Factual information developed and written for patients.

*Example:* You develop a one page handout on “Safely Storing your Pain Medications”

**Professional Practice:** Courses or activities, other than topics clinically related to pain management, that impact or enhance the role of a Pain Management Nurse.

*Examples:* “Marketing Your Business”, “Legal Issues”, “Integrating Technology into your Practice”, “Preceptor Workshop”, “Outpatient Billing/Reimbursement”, or any of the Professional Practice courses offered at the ASPMN Conference.

**Quality Improvement Project:** An activity in which a problem is identified, solutions to the problem are identified, and a corrective program is implemented. After an initial period of utilizing the program, the solutions are reevaluated to identify the results and success of the program.

*Example:* Through chart audits you find that pain re-assessments are not being charted consistently and correctly on patient records. You develop a “Pain Re-assessment Documentation Record” that provides nurses with a rational pain re-assessment guideline after either pharmacological or non-pharmacological pain management interventions. After in-servicing the form and using it for three months an audit is performed and shows that correct documentation was found on 90% of the charts.

**Reviewing Textbook, Chapter, Journal Article:** Analyzes content related to Pain Management practices.

**Revising an Education Program:** The program must have revisions of content, and updated references of no later than five years.

**Pain Management Nursing Service:** Establishing a pain management nursing practice in which the Pain Management Nurse is responsible for the pain management issues within a healthcare setting.

*Example:* You take a newly created hospital position as a Pain Management Nurse. Your responsibilities are to define your Pain Management nursing role and responsibilities, establish the hospital's policy and procedures for pain management.

## Sample Point Distribution

**Acceptable Point Distribution:** The sample application (below) would be acceptable because it meets the minimum requirement of 40 AP points that directly relate to Pain Management and total 100 points to complete the portfolio.

Since this point requirement was met, the other activities are acceptable.

Category	Activity	Points Claimed
A (Continuing Ed)	Spinal Cord Stimulation	5 Related to Pain Care
A (Continuing Ed)	Differential Diagnosis of Headache	5 Related to Pain Care
A (Continuing Ed)	Pharmacological Therapy for Treating Neuropathic Pain	5 Related to Pain Care
A (Continuing Ed)	Complementary and Alternative Strategies for Pain Management	5 Related to Pain Care
B3 (Project)	Established Pain Management Task Force	5 Related to Pain Care
C1 (Research)	Develop Study Proposal	25 Related to Pain Care
D14 (Publication)	Journal: Self-Management Strategies for Challenging Pain Patients	15 Related to Pain Care
D12 (Publication)	Newsletter Editor for ASPMN New York Chapter	10 Related to Professional Practice
E-1 (Teaching)	Presentation: Pain Management At End of Life	4 Related to Pain Care
E-1 (Teaching)	Presentation: Pain Management for the APRN in LTC	4 Related to Pain Care
F6 (Professional Org.)	Education Committee Member New York ASPMN chapter	2 Related to Professional Practice
G (Academic)	Research and Statistics Course	15 Related to Professional Practice
<b>TOTAL AP POINTS</b>		<b>100 ( 60 directly related and 40 Professional Practice)</b>

## Unacceptable Point Distribution

In the unacceptable sample below, there are only 28 AP points that directly relate to pain management, rather than the mandatory 50 points. The Professional Organization activities and Academic course would have been accepted for AP points if the application would have contained a minimum of 40 AP points that directly related to pain management.

Category	Activity	Points Claimed
A (Continuing Ed)	Spinal Cord Stimulation	5 Related to Pain Care
A (Continuing Ed)	Differential Diagnosis of Headache	5 Related to Pain Care
A (Continuing Ed)	Creating a Business Plan	10 CEs Related to Professional Practice
A (Continuing Ed)	The Impact of Prospective Payment on Long-Term Care	10 CEs Related to Professional Practice
A (Continuing Ed)	Nursing and Medicare Billing	10 CEs Related to Professional Practice
B6 (Project)	Quality Improvement Project of Pain Reassessment	10 Related to Pain Care
C4 (Research)	Data Collection and Analysis Role of APRN in Pain Practice	10 Related to Professional Practice
D12 (Publication)	Newsletter Editor for ASPMN New York region	10 Related to Professional Practice
E-1 (Teaching)	Presentation: Research Process	4 Related to Professional Practice
E-1 (Teaching)	Presentation: Pain Management at the End of Life	8 Related to Pain Care
F6 (Professional Organization)	Education Committee Member for the NEW York ASPMN Chapter	2 Related to Professional Practice
G (Academic)	Research and Statistics Course	15 Related to Professional Practice
<b>TOTAL AP POINTS</b>		<b>100 (28 Related to Pain Care and 72 Professional Practice)</b>

## Fee and Application Process

The applicant must submit the following by the postmark deadline:

- Completed application (including Point Logs and Verification Forms – typed or computer generated.)
- Fees:
  - Initial AP Recognition \$350 (ASPMN<sup>®</sup> Members), \$490 (Non-members)
  - RE-AP Recognition Application \$150

You are advised to keep a copy of your application and materials. ASPMN<sup>®</sup> AP Board is not responsible for correspondence lost in the mail. It is advisable to send your application materials by traceable means that require a signature such as UPS or Federal Express. NOTE: Certified mail is only traceable when you request and pay for tracking.

Send all AP recognition materials and direct your inquiries to:

Certified Mail: ASPMN<sup>®</sup>  
Attn: AP Portfolio Program  
P.O. Box 15473  
Lenexa, KS 66285-5473

UPS/Federal Express: ASPMN<sup>®</sup>  
Attn: AP Portfolio Program  
18000 W. 105th  
Olathe, KS 66061-7543

## Application Review Process

The entire application review process may take up to 60 days from date of receipt. If you have not received notification within 90 days, please contact the ASPMN<sup>®</sup>. Only completed applications will be reviewed. Applications will be accepted twice a year. Please see web site for open application periods. Successful applicants will receive a certificate and may use the title "**Advanced Practice Nurse-Pain Management**"

## Application for Advanced Practice ASPMN<sup>®</sup> Recognition (AP Portfolio)

Complete this application and submit with:

- Copy of any APRN certifications (if applicable)
- Copy of ANCC Pain Management Certification
- Copy of Graduate level diploma and transcripts, verifying completion of APRN program
- Copy of most recent performance evaluation **OR** peer review letter of recommendation
- Curriculum Vitae, including current position summary reflective of Advanced Practice duties and responsibilities
- Check or money order, payable to the ASPMN<sup>®</sup> AP Portfolio Program
- If paying by credit card, please use Credit Card Payment Form (page 34)

### Mail application, payment and materials to:

Certified Mail: ASPMN<sup>®</sup>  
Attn: AP Portfolio Program  
P.O. Box 15473  
Lenexa, KS 66285-5473

UPS/Federal Express: ASPMN<sup>®</sup>  
Attn: AP Portfolio Program  
18000 W. 105th  
Olathe, KS 66061-7543

Fees: \$350 (ASPMN<sup>®</sup> Members), \$490 (Non-members)

Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Preferred Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

E-mail: \_\_\_\_\_

Licensure:  RN State \_\_\_\_\_  APRN State \_\_\_\_\_

Education (check all that apply):

Diploma  Associate  BA  BSN  MSN  DNP  PhD  BS  MS  Other \_\_\_\_\_

Practice Setting (check all that apply):

Acute  Homecare  Outpatient  Extended Care  Industry  
 Private  Education  Administration  Research

Years in Nursing: \_\_\_\_\_ Years as Certified Pain Management Nurse: \_\_\_\_\_

I attest that all statements on this application are true. If statements are found to be false, certification may be suspended or revoked. *(Signature required below)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AP Portfolio Program Points Log:** Complete the attached point logs to document your 100 AP points for which you are seeking certification, along with the appropriate Verification Forms for each Activity Category submitted.

*NOTE: Applicants are not to submit points for additional activities beyond this level. When a packet contains an excess of points, the first 100 points will be reviewed by commissioners..*

## AP PAIN MANAGEMENT POINT LOG

Name: \_\_\_\_\_

NOTE: All pain management related activities are to be listed on this point log and submitted along with the appropriate verification forms for each activity. Include the total pain management related contact hour points on this log, and then use Verification Form A to list each course title individually.

Category	Activity	Description	Date(s)	Total Points	<input type="checkbox"/> Check here
A	1	<i><b>EXAMPLE:</b> Total CEs (Use Verification Form A to list CE course titles individually.)</i>	2011	30	
					<input type="checkbox"/> Verification Form attached
					<input type="checkbox"/> Verification Form attached
					<input type="checkbox"/> Verification Form attached
					<input type="checkbox"/> Verification Form attached
					<input type="checkbox"/> Verification Form attached
					<input type="checkbox"/> Verification Form attached
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					<input type="checkbox"/> Verification Form attached
					<input type="checkbox"/> Verification Form attached
<b>Total AP Points for Pain Management</b>					

(Copy as needed)

## **INSTRUCTIONS/WORKSHEET ACTIVITY CATEGORY A: CONTINUING EDUCATION**

**A minimum of 20 AP points** must come from CEs, **This minimum requirement of 20 AP points must directly relate to pain management and the course must be a clinical focus. A maximum of 40 AP points from CEs is allowed.**

When submitting greater than the required 20 AP points; one half of those AP points submitted for CE activity must apply directly to the clinical specialty. For example, if 40 points are submitted, 20 points must relate directly to pain management clinical practice, and 20 points may be obtained in topics related to professional issues, which are directly related to the practice of pain management nursing. Examples of professional practice topics would be “Pain Management Legal Issues”, “Preceptor Workshop”, and “Marketing Your Business” to name a few. Continuing Education (CE) points related to such topics as domestic violence, safety, HIPPA, CPR, etc., are not acceptable because they are not specific to pain management practice. CEs used to attain/maintain prescriptive authority do not apply here (see Category G).

When claiming continuing education points for this category, the specific course title must be specified. Packets submitted with a general conference title will not be accepted. For example, listing the “ASPMN<sup>®</sup> Annual Conference” is unacceptable. Each lecture attended must be listed separately to determine relevancy to the specialty, e.g. “Pharmacologic Agents for Pain Management in Older Adults”, “Topical Treatments for Control of Osteoarthritis”, or “Assessing Pain in Cognitively Impaired Older Adults”.

### **ACCEPTABLE ACTIVITIES**

1. Attendance at continuing education programs offered/sponsored by accredited or approved providers. Programs must be approved for contact hours by a recognized accrediting body, such as a state nursing association, the American Nurses Credentialing Center, American Academy of Nurse Practitioners, or other professional association.
2. Completion of home study or self-study programs that have been approved for contact hours as stated in number one, above.

**Contact Hour (CME or CNE) = 60 minutes = 1 AP Point**

### **DOCUMENTATION REQUIRED IF AUDITED**

The APRN in Pain Management Commission reserves the right to selectively audit portfolios and request documentation of programs attended, CE’s awarded, or educational offerings provided by the applicant.

1. Certificate of attendance or completion that includes your name, date, program title, and the number of contact hours awarded.

– Or –

2. Complete the audit form for this activity.  
A maximum of 40 AP points per specialty will be awarded for this category for each five-year recognition renewal period.

**VERIFICATION FORM  
CATEGORY A  
CONTINUING EDUCATION ACTIVITY**

<b>FOR OFFICE USE ONLY:</b>	
AP Reviewed: _____   _____	
Points Assigned: _____   _____	
Category: _____   _____	
Date: _____   _____	

Name: \_\_\_\_\_

1. Minimum of 20 AP points **directly related** to pain management required. Maximum of 40 AP points.
2. Point calculation: 1 AP point for each CE or contact hour.
3. List individual educational session/course titles separately. Do not list as “conference” with the total CEs. (Total CEs are to be provided on Point Log.)

Program Date(s)	Title of Session/Course	Session/Course Provider	Approved Accrediting Organization	Hours or points	Specify if points are <u>Professional Practice</u> or <u>Pain Management</u> related	
6/2012	<b>Example:</b> Cases in Neuropathic Pain	ASPMN	ASPMN®	3		PM
8/2011	<b>Example:</b> Management of Pain related to Cancer Treatments	Cancer Society	Ohio Nurses Association	3		PM
9/2010	<b>Example:</b> Creating a Business Plan	SB University	NYS Nursing Association	5	PP	
<b>Total AP Points</b> <i>(Transfer this total to Point Log)</i>						

**INSTRUCTIONS/WORKSHEET  
ACTIVITY CATEGORY B:PROGRAM OR PROJECT ACTIVITIES**

A minimum of 10 points are required from Category B and must be included in your portfolio. A maximum of 40 points are allowed. Activities in this category more clearly demonstrate the achievement of advancing practice and include more complex activities requiring multiple steps for completion and/or significant preparation. This is reflected in the larger number of points assigned to these activities. Some of these activities may be performed due to employer directives but some are independent of employment status. To receive points in this category, you must have had the primary responsibility for developing, implementing and evaluating the program, conducting the project, or case.

You may be awarded points for activities submitted that are repeated, but only if the topic content clearly has been altered to meet the needs of the learner.

Please refer to “Definitions of AP Terms” on pages 6-7 for complete description and examples of activities.

**Acceptable Activities .....AP Points Awarded**

B1. Establishing a pain management nursing service*	
Writing a proposal .....	10 points
Developing initial policies and procedures++.....	10 points
Developing a billing procedure .....	10 points
B2. Establishing a pain management multidisciplinary* service	
Writing a proposal .....	10 points
Developing initial policies and procedures ++.....	10 points
Developing a billing procedure .....	10 points
B3. Team/Committee/Task Force focused on pain management	
Establish .....	5 points
Chair .....	5 points
Member .....	2 points
B4. Establishing an independent (self-employed) pain management practice or consulting business	
.....	25 points per recognition period

*\*Please refer to “Definitions of AP Terms” on pages 6-7 for complete description and examples of activities. ++Can be applied as research activities*



**INSTRUCTIONS/WORKSHEET**  
**ACTIVITY CATEGORY B:PROGRAM OR PROJECT ACTIVITIES**

**Acceptable Activities .....AP Points Awarded**

B5. Public health policy development ++ .....20 points

Please summarize your Public Policy project by answering the following questions on the Verification Form:

- A. What was the clinical challenge?
- B. How was the challenge identified?
- C. What actions were implemented to address the project?
- D. Describe the evaluation process.
- E. What were the results of the project?

B6. Quality improvement (QI) project\* ++ .....10 points

Please summarize your QI project by answering the following questions on the Verification Form:

- A. What was the clinical challenge?
- B. How was the challenge identified?
- C. What actions were implemented to address the project?
- D. Describe the evaluation process.
- E. What were the results of the project?

B7. Clinical Pathway development \* ++.....20 points

B8. Policy/procedures in existing practice ++  
Develop original.....5 points per policy (maximum 15 points)  
Revising existing .....3 points per policy (maximum 9 points)

*\*Please refer to "Definitions of AP Terms" on pages 6-7 for complete description and examples of activities. ++ Can be applied as research activities*

**INSTRUCTIONS/WORKSHEET**  
**ACTIVITY CATEGORY B:PROGRAM OR PROJECT ACTIVITIES**

**Acceptable Activities .....AP Points Awarded**

- B9. Competency based tools\*
  - Original.....5 points (maximum 15 points)
  - Revised .....3 points (maximum 9 points)
- B10. Collection and analysis of outcome data or case study data ++ .....10 points  
 (Derived from clinical practice, and not part of a formal research project)
- B11. Grant Activities\* (non-research based) .....10 points  
 (e.g., grant money for educational development; or to obtain equipment)
- B12. Prevalence and/or Incidence Study.....5 per study(maximum 10 points)
- B13. Expert consultation on a legal case related to Pain Management patient .....10 points per case
- B14. Item writing for ASPMN certification exam .....10 points for term of service
- B15. Arranging a Product Fair .....5 points
- B16. Product Formulary ++
  - Developing .....10 points
  - Revising.....5 points
- B17. Webmaster (electronic information systems related to Pain Management nursing)
  - Develop .....10 points per website  
 (maximum 20 points per cert.)
- B18. Standardized Care Plans ++.....5 points (maximum 15 points)

*\*Please refer to “Definitions of AP Terms” on pages 6-7 for complete description and examples of activities. ++Can be applied as research activities*

**Documentation Required**

- #B1-10, B12 and B15-18: Submit documentation to substantiate the activity.
- #B11: Copy of letter of approval (IRB or equivalent)
- #B13: Present a letter from the law firm for whom the consultation was performed.
- #B14: Letter from the ASPMN Exam Committee Liaison at end of term.

**VERIFICATION FORM  
CATEGORY B  
PROGRAM / PROJECT ACTIVITIES**

**FOR OFFICE USE ONLY:**

AP Reviewed: \_\_\_\_\_ | \_\_\_\_\_

Points Assigned: \_\_\_\_\_ | \_\_\_\_\_

Category: \_\_\_\_\_ | \_\_\_\_\_

Date: \_\_\_\_\_ | \_\_\_\_\_

Name: \_\_\_\_\_

A minimum of 10 points are required from Category B and must be included in your portfolio. A maximum of 40 points are allowed.

Check one activity number: B1 B2 B3 B4 B5 B6 B7 B8 B9 B10

(From pages 14-16) B11 B12 B13 B14 B15 B16 B17 B18

Complete this form for **each program or project**.

1. Title
2. Date activity completed: \_\_\_\_\_
3. Summarize purpose and/or assessment of need for program, project, or case as it relates to pain management.
4. Provide an overview of the implementation of program / project as it relates to pain management.
5. Evaluation of program / project (implications for clinical practice) as it relates to pain management.
6. For activity B-6, please summarize your QI project by answering these additional questions on the Verification Form:
  - A. What was the clinical challenge?
  - B. How was the challenge identified?
  - C. What actions were implemented to address the project?
  - D. Describe the evaluation process.
  - E. What were the results of the project?

**AP Points claimed for this activity:** \_\_\_\_\_  
*(Transfer this total to Point Log)*

# INSTRUCTIONS/WORKSHEET

## CATEGORY C: RESEARCH ACTIVITIES

A minimum of 10 points are required from Category C and must be included in your portfolio. A maximum of 40 points are allowed.

The Pain Management-AP carries with it an understanding that the APRN in specialty practice can demonstrate knowledge application evidenced by an ability to translate research into their practice, improve current practice and outcomes based upon evidence and if the opportunity presents itself, participate in research related activities as either a primary investigator or secondary participant. Thus it is a requirement of the Pain Management-AP portfolio to demonstrate such activity in one of two ways. To earn the required 10 points to apply as research points, the activity must show evidence of the participation in or application of research that improves current practice and/or patient outcomes.

### Participation In Research

- I. To receive AP points in Category C, you must have served as the principal or co-investigator, author or co-author of a study proposal / grant, or had the primary responsibility for a research activity such as collecting/analyzing data. Research activities must relate to the care of the pain management patient and must be Institutional Review Board (IRB) approved or equivalent.

**Acceptable Activity.....AP Points Awarded**

C1.Developing a study proposal.....	25 points
C2.Grant writing.....	25 points
C3.Developing or testing of a research tool.....	20 points
C4.Data collection and analysis.....	10 points
C5.Writing a report of research finding(s) .....	10 points

### **Documentation Required**

- A copy of the study proposal.
- A copy of grant application.
- A copy of the research tool.
- Submit documentation to substantiate the activity.
- A copy of the research report.

- OR -

# INSTRUCTIONS/WORKSHEET

## CATEGORY C: RESEARCH ACTIVITIES

### Application of Research

II. To receive the required AP research points, a candidate must complete one of the following activities from Category B or D. Please note that you must have unique activities in each of the categories (B, C and D). It is expected these activities would include a thorough literature review and reflect translation of research into practice. Refer to Category B or D for details, including documentation required if audited.

### Acceptable Activity.....AP Points Awarded

- (C)B1. Establishing a Pain Management nursing service: Developing initial policies and procedures .....10 points
- (C)B2. Establishing a Pain Management multidisciplinary service: Developing initial policies and procedures .....10 points
- (C)B5. Public health policy development .....20 points
- (C)B6. Quality improvement (QI) project\* .....10 points
- (C)B7. Clinical Pathway development \* .....20 points
- (C)B8. Policy/procedures in existing practice
  - Develop original.....5 points per policy (maximum 15 points)
  - Revising existing .....3 points per policy(maximum 9 points)
- (C)B10. Collection and analysis of outcome data or case study data ..... 10 per specialty (Derived from clinical practice and not part of a formal research project.)
- (C)B16. Product Formulary
  - Developing .....10 points per specialty
  - Revising.....5 points
- (C)B18. Standardized Care Plans .....5 points (maximum 15 per specialty)
- (C)D1. Textbook: Author or Co-author .....30 points
- (C)D2. Chapter: Author or co-author .....20 points
- (C)D3. Peer-reviewed Journal Article: Author or co-author .....15 points
- (C)D4. Case Study: Author or co-author .....5 points (maximum 10 per specialty)

*\*Please refer to “Definitions of AP Terms” on pages 6-7 for complete description and examples of activities.*

**VERIFICATION FORM  
CATEGORY C:  
RESEARCH ACTIVITIES**

**FOR OFFICE USE ONLY:**

AP Reviewed: \_\_\_\_\_ | \_\_\_\_\_

Points Assigned: \_\_\_\_\_ | \_\_\_\_\_

Category: \_\_\_\_\_ | \_\_\_\_\_

Date: \_\_\_\_\_ | \_\_\_\_\_

Complete this form for **each activity** from Category (C)B.  
(From page 19)

Name: \_\_\_\_\_

A minimum of 10 points are required from Category C and must be included in your portfolio. A maximum of 40 points are allowed.

Check an activity number:  (C)B1  (C)B2  (C)B5  (C)B6  (C)B7  
 (C)B8  (C)B10  (C)B16  (C)B18

Complete this form for **each program or project** from Category (C) B. You may not count a single activity for both of these categories. For example, if you use a publication for B, you must have a different publication or activity under research.

1. Date activity completed: \_\_\_\_\_
2. Describe the purpose for the program or project, as it relates to AP specialty area.
3. Summarize the results of the review of literature that supported the project. Supply a reference list.
4. Provide an overview of the implementation of program / project as it relates to AP specialty area.
5. Describe how the project improved practice or patient outcomes.

**AP Points claimed for this activity:** \_\_\_\_\_  
*(Transfer this total to Point Log)*

(Copy as needed)

**VERIFICATION FORM  
CATEGORY C:  
RESEARCH ACTIVITIES**

<b>FOR OFFICE USE ONLY:</b>	
AP Reviewed:	_____   _____
Points Assigned:	_____   _____
Category:	_____   _____
Date:	_____   _____

Complete this form for **each activity** from Category (C)D.  
(From page 19)

Name: \_\_\_\_\_

A minimum of 10 points are required from Category C and must be included in your portfolio. A maximum of 40 points are allowed.

Check an activity number:  (C)D1  (C)D2  (C)D3  (C)D4

	EXAMPLE	FILL IN YOUR ACTIVITY DESCRIPTION HERE
<b>Date of Publication</b>	January 2010	
<b>Title of Work / Publication</b>	Example: Promoting Self-Management for Chronic Pain	
<b>Synopsis of Material</b>	Article written that presents current evidenced based interventions to manage Chronic Pain.	
<b>Type of Work (Book, Chapter, Journal)</b>	Peer Reviewed Journal Article	
<b>Published In</b>	Pain Management Nursing	
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Provide clinicians with research based evidence to increase access to strategies for self-management of pain</li> <li>• Review available technologically enhanced tools for self-management of pain</li> </ul>	
<b>Content Outline</b>	<ul style="list-style-type: none"> <li>• Importance of self-management for pain</li> <li>• Barriers to pain self-management</li> <li>• Strategies to increase self-management of pain</li> <li>• Technological advances for self-management strategies for pain control</li> </ul>	

**AP POINTS CLAIMED FOR THIS ACTIVITY** \_\_\_\_\_  
*(Transfer this total to Point Log)*

(Copy as needed)

**VERIFICATION FORM  
CATEGORY C:  
RESEARCH ACTIVITIES**

<b>FOR OFFICE USE ONLY:</b>	
AP Reviewed:	_____   _____
Points Assigned:	_____   _____
Category:	_____   _____
Date:	_____   _____

Name: \_\_\_\_\_

A minimum of 10 points are required from Category C (from page 18) and must be included in your portfolio. A maximum of 40 points are allowed.

Check an activity number:    C1   C2   C3   C4   C5

Date activity completed: \_\_\_\_\_

1. Define role in research activity:

2. Describe the research activity:

**AP Points claimed for this activity:** \_\_\_\_\_  
*(Transfer this total to Point Log)*

(Copy as needed)



# INSTRUCTIONS/WORKSHEET

## CATEGORY D: PUBLICATION ACTIVITIES

A minimum of 10 points are required from Category D and must be included in your portfolio. A maximum of 50 points are allowed. You must be the author or co-author or contributor of these activities, and have completed them during your last five-year certification period. All publications must relate to the practice of Pain Management nursing.

**Acceptable Activities .....AP Points Awarded**

**D1. TEXTBOOK**

- A. Author or Co-author ++..... 30 points
- B. Editing..... 25 points
- C. Reviewing\* content..... 15 points

**D2. CHAPTER**

- A. Author or co-author ++..... 20 points
- B. Contributing\*..... 10 points
- C. Reviewing\*..... 15 points

**D3. JOURNAL ARTICLE**

- A. Author or co-author ++..... 15 points
- B. Reviewing (Peer Reviewed)..... 5 points

**D4. CASE STUDY Author or co-author ++..... 5 points (maximum 10 per specialty)**

**D5. ABSTRACT Author or co-author..... 5 points**

**D6. EDITORIAL Author or co-author..... 3 points**

**D7. NEWSLETTER**

- A. Editor..... 10 points
- B. Contributor\* of article..... 3 points

**D8. OTHER PUBLICATIONS**

(e.g., newspaper article, Best Practice Document reviewer) ..... 3 points

# INSTRUCTIONS/WORKSHEET

## CATEGORY D: PUBLICATION ACTIVITIES

### DEVELOPMENT OF ORIGINAL EDUCATION TOOLS

- D9. Developing a healthcare professional fact sheet \*.....5 points (maximum 10 points)
- D10. Develop patient education tool\*.....5 points (maximum 10 points)
- D11. Develop Original Learning module\*..... 10 points
- D12. Writing brochure / pamphlet \*..... 5 points (maximum 10 points)
- D13. Create Pain Management Documentation Form (*Electronic or paper forms created to chart pain patients progress*)
- Original..... 5 points (maximum 15 per cert period)
- Revise ..... 3 points (maximum 9 per cert period)

*\*Please refer to “Definitions of AP Terms” on pages 6-7 for complete description and examples of activities. ++Can be applied as Research Activities*

### **Documentation Required**

1. Submit documentation to substantiate the activity:
  - a. A copy of short publications (e.g., journal article, book chapter, fact sheet, brochure, etc.).
  - b. For longer publications (e.g., textbook) – a copy of the title page, page showing date of publication, and table of contents page where the certificant’s name is listed as an author.

**VERIFICATION FORM  
CATEGORY D  
PUBLICATION ACTIVITY**

<b>FOR OFFICE USE ONLY:</b>	
AP Reviewed:	_____   _____
Points Assigned:	_____   _____
Category:	_____   _____
Date:	_____   _____

Name: \_\_\_\_\_

A minimum of 10 points are required from Category D and must be included in your portfolio. A maximum of 50 points are allowed.

Activity Area: D1 D2 D3 D4 D5 D6 D7

D8 D9 D10 D11 D12 D13

Complete a separate form for **each** activity/publication.

	EXAMPLE	FILL IN YOUR ACTIVITY DESCRIPTION HERE
<b>Date of Publication</b>	January 2010	
<b>Title of Work / Publication</b>	Example: Journal article: CAUTI: Prevention and Treatment Strategies”	
<b>Synopsis of Material</b>	Article written that presents current evidenced based interventions to prevent CAUTIs and current effective treatment strategies.	
<b>Type of Work (Book, Chapter, Journal)</b>	Peer Reviewed Article	
<b>Published In</b>	JWOCN	
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Accurately diagnose CAUTIs</li> <li>• Discuss effective strategies to prevent CAUTI</li> <li>• Devise an effective treatment plan for patients with CAUTI</li> </ul>	
<b>Content Outline</b>	<ul style="list-style-type: none"> <li>• Prevalence and incidence of CAUTI</li> <li>• Diagnosis of CAUTI</li> <li>• Prevention strategies</li> <li>• Treatment strategies</li> <li>• Changing Urine pH ▶</li> <li>• Effective Pharmacologic treatment</li> </ul>	

**AP POINTS CLAIMED FOR THIS ACTIVITY \_\_\_\_\_ (Transfer this total to Point Log)**

# INSTRUCTIONS/WORKSHEET

## CATEGORY E: TEACHING ACTIVITIES

A minimum of 10 points are required from Category E and must be included in your portfolio. A maximum of 50 points are allowed.

To receive AP points, teaching activities must occur in the classroom, clinical area or a combination of these settings. You must be the instructor with a structured framework of teaching/learning. You will not receive additional AP points for repeating presentations/lectures, etc., unless the content clearly has been altered.

### Acceptable Activity .....AP Points Awarded

- E1. Presentations/lectures .....1 point per 15 minutes of presentation
- E2. Professional Conference presentation/lecture/workshop.....5 points for each CEU offering
- E3. Primary Author of Conference poster presentation .....5 points
- E4. Preceptor for Pain Management, DNP students, or AP nursing students.....1 point for every 8 hours of Precepting (maximum 30 points per application period)
- E5. Clinical education of nursing/medical professionals .....1 point for every 8 hours of time (i.e., mentoring, orientation, job shadowing for residents, interns, physicians, PT, NP, CNS, PA)
- E6. Expert consultation at a Medical Event .....1 point (maximum 3 points) (i.e., health fair, screening clinic, supplier clinic, product fair)

Preceptees may include:

- Resident/Interns/Physicians
- Physical Therapists
- Physician's Assistants
- Pain Management Students
- Graduate/Doctoral Nursing Students
- Nurse Practitioners/Clinical Nurse Specialists

### Documentation if audited

Submit documentation to substantiate teaching activity.

### Examples:

- Presentation or lecture – completed sign-in sheet, brochure or letter of agreement.
- Poster presentation – proof of acceptance of the poster.
- Precepting – letter of agreement or written validation of precepting experience.

**VERIFICATION FORM  
CATEGORY E-1, E-2 AND E-6 TEACHING ACTIVITIES  
(PRESENTATIONS / LECTURES)**

**FOR OFFICE USE ONLY:**

AP Reviewed: \_\_\_\_\_ | \_\_\_\_\_

Points Assigned: \_\_\_\_\_ | \_\_\_\_\_

Category: \_\_\_\_\_ | \_\_\_\_\_

Date: \_\_\_\_\_ | \_\_\_\_\_

Name: \_\_\_\_\_

A minimum of 10 points are required from Category E and must be included in your portfolio. A maximum of 50 points are allowed.

Check Activity Number     E1    E2    E6

Complete a separate form for **each** teaching activity.

Title: \_\_\_\_\_

Date Offered: \_\_\_\_\_

Objectives (list 3):

Summary of Teaching Content:

Evaluation Method:

Length of offering (in minutes): \_\_\_\_\_ divided by 15 = \_\_\_\_\_ AP Points

Number of contact hours offered: \_\_\_\_\_ multiplied by 10 = \_\_\_\_\_ AP Points

**AP POINTS CLAIMED FOR THIS ACTIVITY \_\_\_\_\_**

*(Transfer this total to Point Log)*

(Copy as needed)

**VERIFICATION FORM  
CATEGORY E-3  
POSTER PRESENTATIONS**

**FOR OFFICE USE ONLY:**

AP Reviewed: \_\_\_\_\_ | \_\_\_\_\_

Points Assigned: \_\_\_\_\_ | \_\_\_\_\_

Category: \_\_\_\_\_ | \_\_\_\_\_

Date: \_\_\_\_\_ | \_\_\_\_\_

Name: \_\_\_\_\_

A minimum of 10 points are required from Category E and must be included in your portfolio. A maximum of 50 points are allowed.

Complete a separate form for **each** poster presentation.

Title of poster presentation: \_\_\_\_\_

Where presented: \_\_\_\_\_

When presented: \_\_\_\_\_

**AP POINTS CLAIMED FOR THIS ACTIVITY** \_\_\_\_\_  
*(Transfer this total to Point Log)*

(Copy as needed)

**VERIFICATION FORM  
CATEGORY E-4 and E-5  
PRECEPTING ACTIVITIES**

**FOR OFFICE USE ONLY:**

AP Reviewed: \_\_\_\_\_ | \_\_\_\_\_

Points Assigned: \_\_\_\_\_ | \_\_\_\_\_

Category: \_\_\_\_\_ | \_\_\_\_\_

Date: \_\_\_\_\_ | \_\_\_\_\_

Name: \_\_\_\_\_

A minimum of 10 points are required from Category E and must be included in your portfolio. A maximum of 50 points are allowed.

Check activity number:  E4  E5

Complete a separate form for **each** precepting activity.

I affirm that I have served as a preceptor for:

\_\_\_\_\_

(Institution Name)

Number of students: \_\_\_\_\_

Type of student: \_\_\_\_\_

Total hours: \_\_\_\_\_ divided by 8 = \_\_\_\_\_ Total AP Points (DNP, or AP students)

Or,

Total hours: \_\_\_\_\_ divided by 8 = \_\_\_\_\_ Total AP Points (other nursing/medical professionals)

**AP POINTS CLAIMED FOR THIS ACTIVITY** \_\_\_\_\_

*(Transfer this total to Point Log)*

(Copy as needed)

**VERIFICATION FORM  
CATEGORY E-4 and E-5  
Preceptor Documentation**

<b>FOR OFFICE USE ONLY:</b>	
AP Reviewed:	_____   _____
Points Assigned:	_____   _____
Category:	_____   _____
Date:	_____   _____

Preceptor: \_\_\_\_\_

Institution: \_\_\_\_\_

To be completed by faculty coordinating the preceptorship.

The individual named above has completed \_\_\_\_\_ hours of preceptorship in the areas of:

\_\_\_\_\_  
Name of educational institution and program (E.g. XX University, Pain Management Program)

The dates for the preceptorship were: \_\_\_\_\_ to: \_\_\_\_\_.

Faculty Coordinator: \_\_\_\_\_

Educational Institution/Program: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AP POINTS CLAIMED FOR THIS ACTIVITY** \_\_\_\_\_  
*(Transfer this total to Point Log)*

(Copy as needed)



**VERIFICATION FORM  
CATEGORY F  
PROFESSIONAL ORGANIZATION  
INVOLVEMENT**

**FOR OFFICE USE ONLY:**

AP Reviewed: \_\_\_\_\_ | \_\_\_\_\_

Points Assigned: \_\_\_\_\_ | \_\_\_\_\_

Category: \_\_\_\_\_ | \_\_\_\_\_

Date: \_\_\_\_\_ | \_\_\_\_\_

Name: \_\_\_\_\_

No minimum number of points required for this category; maximum of 50 points allowed.

Acceptable Activity	Name of Office, Task Force, Committee, or Organization	# of Years Served	Points per Year	Total Points
<b>Professional Nursing Organizations</b>				
F1. Officer at a national level			20	
F2. Committee or task force chair at a national level			15	
F3. Officer at the regional/ state level			7	
F4. Officer at the affiliate/ local level			5	
F5. Committee member at the national level			5	
F6. Committee or task force chair at the regional/ state/affiliate/local level			2	
F7. Committee member at the regional/state/affiliate/ local level			2	
<b>Total AP Points</b> <i>(Transfer this total to Point Log)</i>				

Participating in national / regional / state / affiliate and local professional nursing organizations related to the pain management specialty provides a mechanism for contributing to growth of the specialty and is designated for AP points. Participation in other nursing specialty organizations whose mission is directly related to the care and/or support of pain management patients is also acceptable for AP points. Examples of these acceptable organizations are the American Pain Society (APS), American Society for Pain Management Nursing<sup>®</sup> (ASPMN<sup>®</sup>), American Academy of Pain Management (AAPM), American Academy of Pain Medicine (AAPM), Oncology Nursing Society (ONS), American Association of Rehabilitation Nurses (AARN), or the International Nurses Society on Addictions (IntNSA). AP Points are awarded for each year of office served and can be used for AP points only in the specialty for which the organization is noted. Serving on institutional or agency committees is not acceptable for earning AP points.

Public health policy activities may involve representation of professional organizations at the national, regional or state level, e.g. participation in consensus groups meetings, testimony for regulatory bodies, and development of documents related to public health policy decisions (copy as needed).



**VERIFICATION FORM  
CATEGORY G  
ACADEMIC EDUCATION / AP CERTIFICATION**

<b>FOR OFFICE USE ONLY:</b>	
AP Reviewed:	_____   _____
Points Assigned:	_____   _____
Category:	_____   _____
Date:	_____   _____

Name: \_\_\_\_\_

No minimum number of points required for this category; maximum of 50 points allowed.

**Acceptable Activity .....AP Points Awarded**

- G1. Initial APRN National Certification .....25 Points
- G2. Maintaining APRN National Certification .....25 Points
- G3. Attaining / Maintaining Prescriptive Authority.....5 points
- G4. Academic Education.....5 points for each semester credit hour earned

*Post-graduate credits must be from an accredited college or university. Credits must relate to wound, ostomy and/or continence nursing, or be credits related to health care, management, teaching or the biopsychosocial knowledge base of human services.*

**Examples of acceptable courses:**

Advanced Physical Assessment, Advanced Pharmacology, Advanced Anatomy and Physiology Business, Ethics, Education classes (e.g. Adult Learning Theory), Health Care Management.

Activity Number	School or Activity	Date	Semester/Quarter	Credit Hours	Points
<b>Total AP Points</b> <i>(Transfer this total to Point Log)</i>					

**Documentation required**

- Submission of transcripts

**INSTRUCTIONS/WORKSHEET  
CATEGORY H: PRE-APPROVAL FOR PROJECTS/ACTIVITIES NOT DEFINED**

**Instructions:**

Projects and activities not defined in the Professional Growth Program (AP) Handbook must be submitted to the AP Committee for pre-approval. The request for pre-approval may be sent any time within the certification period, but must be at least one (1) month prior to AP application deadline. The AP Committee will review the request for pre-approval and make a decision of acceptability. It is required you use this Pre-Approval Form to summarize the project or activity. Other documentation is not acceptable.

<b>FOR OFFICE USE ONLY:</b>
AP Reviewed: _____   _____
Points Assigned: _____   _____
Category: _____   _____
Date: _____   _____

**VERIFICATION  
CATEGORY H  
PRE-APPROVAL FOR PROJECTS / ACTIVITIES NOT DEFINED**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Category: \_\_\_\_\_

Complete this form for each project or activity.

1. Date activity completed: \_\_\_\_\_
2. Summarize activity as it relates to specialty area.
3. Provide an overview of the implementation of program / project as it relates to specialty area.
4. Evaluation of program / project (implications for clinical practice) as it relates to specialty area.

**AP POINTS CLAIMED FOR THIS ACTIVITY** \_\_\_\_\_  
*(Transfer this total to Point Log)*



## Advanced Practice Portfolio Credit Card Payment Form

***Credit card payments must be submitted either by fax, or mailed in. Credit card payments cannot be accepted electronically. (Do not email)***

Fees:

Initial AP Recognition:

\$350 (ASPMN® Members)

\$490 (Non-members)

RE-AP Recognition Application: \$150

If payment is by credit card, complete the following:

American Express  Discover  MasterCard  Visa

Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Your Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_