

NAME _____
 ADDRESS _____
 PHONE _____ ASPAN NUMBER 0715 _____

POINT SYSTEM FOR CPAN AND CAPA RECERTIFICATION SCHOLARSHIP

| ACTIVITY | POINTS | DESCRIPTION |
|--|--------|--|
| Attended half-day ILSPAN workshop | | One point each. Submit copy of contact hours. Not to exceed three points. |
| Attended ILSPAN General meetings held two times/year | | One point for each meeting attended. Validated by sign-in sheet. |
| Attended full day ILSPAN or ASPAN seminar | | Two points for each seminar attended. Submit copy of contact hours. |
| Planned and hosted ILSPAN seminar | | Two points for each seminar hosted. Submit brochure with name in print. |
| Planned and hosted Chapter lecture or meeting | | One point for each chapter lecture or meeting. |
| Speaker for ILSPAN/ASPAN seminar | | One point for each speaking engagement. Submit date and topic of each lecture. |
| Hosted an ASPAN seminar | | One point. Verified with ASPAN, provide dates. |
| Submitted education article to <i>Periscope</i> | | One point for each article. Submit volume/issue article appeared in. |
| Submitted article to <i>Breathline</i> or <i>JoPAN</i> | | One point for each article. Submit title and month published. |
| Served on ILSPAN Board/Committee or as Chapter Coordinator | | One point per year. Give position held. Not to exceed three points. |
| Served on ASPAN Board/Committee | | One point per year. Give position held. Not to exceed three points. |
| Promotion of Perianesthesia Nursing | | One point for each activity, up to five. Submit written description for consideration. |
| TOTAL POINTS | | |

Points accrue in the three (3) years prior to the recertification date, i.e. if your certification period ends April 1, 2010; points accrue from April 1, 2007 through March 31, 2010. Recertification fees must have been paid, whether recertifying by CEU's or exam. A minimum of five (5) points is required for application to be considered.