



AAMSN Moderate Sedation Re-Certification

Re-Certification is every two years from original certification date.

This form can be completed on line and printed or filled in by hand (Please print clearly) and mail to AAMSN, 322 Commerce Street, Clinton, TN 37716

Name: _____ AAMSN # _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Work): _____

Email: _____

Nursing License #: _____

Advanced Nurse License #: _____

PA License # _____

State Licensed: _____ License Expiration Date: _____

Sedation Certification date: _____

Place of Employment: _____

Where do you give sedation? i.e. ED, Endoscopy, Peds etc: _____

ACLS: Y / N Expiration Date: _____ PALS: Y / N Expiration Date: _____

(Current ACLS or PALS required for recertification)

Examples of appropriate sedation specific Nursing Continuing Education Credits include, but are not limited to the following:

- EKG Course
- Airway Class
- Pharmacology
- Patient Safety
- Sedation Review
- Competencies Review
- State Position Statement for Sedation
- Holistic Nursing Courses
- Retaking the Sedation Course
- Taking a sedation course offered by another organization (Subject to approval by AAMSN).
- Original articles on sedation submitted for publication in the AAMSN Newsletter

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AAMSN Member Renewal and Re-Certification

Include your AAMSN Annual Renewal \$65.00 along with your documentation of 30 CE Credits or your review and retesting confirmation.

Item:

AAMSN membership Renewal fee \$65.00 includes recertification fee \$ _____

Late fee if applicable \$15.00 if post marked after your expiration date: \$ _____

If AAMSN past due over 30 days add recertification fee of \$100 \$ _____

Total submitted: \$ _____

If your AAMSN membership is more than 30 days, but less than 90 days past due you must recertify in Moderate Sedation as a non-member and then rejoin AAMSN)

After we receive you recertification application it will take 10 – 14 days to process.

To pay by check:

Please make your check payable to **AAMSN** and with this form and documentation of 30 CE Credits or retesting to:

AAMSN
322 Commerce St.
Clinton, TN
37716

Amount enclosed: _____

Checklist:

- Copy of Nursing License*
- Proof of 30 approved CE credits or retesting confirmation*
- Copy of PALS or ACLS card*
- AAMSN annual renewal of \$65.00*
- Late fee of \$15.*

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