

APPENDIX D

VERIFICATION OF NURSING PRACTICE AND RN LICENSURE FORM

The following form must be used for verification of CPAN® or CAPA® nursing practice hours and RN licensure. **Two verifications are required.** Verifications may be provided by a clinical director, RN supervisor, or CPAN® or CAPA® certified colleague who works with you in your practice setting. If you work in a setting where you cannot obtain signatures from these individuals, non-certified nursing staff or physician staff may verify your status.

Please note: Individuals providing verification of practice and licensure may be contacted by ABPANC during a random application audit.

I verify that _____ has spent a minimum of 1800 hours during the two year period prior to this application caring* for patients primarily in (please check one);

Phase I (CPAN®) or Preanesthesia phases, Phase II, and/or Phase III (CAPA®).

Please refer to the back of this page for a description of the phases.

*Caring is described as the delivery of direct nursing care to patients or in the management, teaching or research of perianesthesia nursing focusing on the appropriate phase(s) of the anesthesia experience. The phases, as described by the American Society of Perianesthesia Nurses, Standards of Perianesthesia Nursing Practice, are described on the next page.

Verification 1

NAME (Print Name)

TITLE

NAME OF UNIT

NAME OF INSTITUTION

ADDRESS

DAYTIME TELEPHONE

SIGNATURE

DATE

Verification 2

NAME (Print Name)

TITLE

NAME OF UNIT

NAME OF INSTITUTION

ADDRESS

DAYTIME TELEPHONE

SIGNATURE

DATE

I also document that the individual named here holds a current, valid and unrestricted license to practice as a registered nurse in the United States or any of its territories.

RN LICENSE NUMBER

STATE

EXPIRATION DATE

Attach a copy of your current ASPAN membership card here

OR

Check here if you are joining ASPAN at the same time you are applying for a certification examination. You are responsible for mailing the ASPAN membership application and appropriate fee, made payable to ASPAN (if paying by check) to ASPAN directly. **Separate payment must be made to ABPANC of certification fees.**

FIVE PHASES OF ANESTHESIA EXPERIENCE

The American Society of Perianesthesia Nurses* describes the anesthesia experience in terms of five phases;

Preanesthesia – Preadmission testing: During this time the patient undergoes a presurgery interview and assessment to identify potential or actual problems;

Preanesthesia – Day of Surgery: Interview and assessment data is validated and updated. The patient is prepared for surgery both physically and emotionally.

Postanesthesia Phase I: The patient moves from a totally anesthetized state to one requiring less acute nursing interventions;

Postanesthesia Phase II: the patient is prepared for self or family care, or for care in a Phase III or extended care environment.

Postanesthesia Phase III: The patient may require observation/interventions after being transferred or discharged from Phase I and II. Interventions are directed toward preparing the patient for self or family care.

* American Society of Perianesthesia Nurses. Standards of Perianesthesia Nursing Practice. Thorofare, NJ: ASPAN, 2000.