

Certified Pain Educator (CPE) Examination Application

Applicant Name:



american society of pain educators

Application Checklist

1. What to Send

- Copy of this Application Form
- Your Documentation
 - Copy of your healthcare professional license. *Note: Must be current*
 - Copy of credit certificates/statements for 30 hours of pain-related continuing education activities certified for Category 1 CME/CPE/CE or other professional credit. *Note: Credits must have been earned within the last five (5) years.*
- If applicable, the Special Accommodations Form (with documentation described on the form)
- Your check (if that is your method of payment) for the \$50 Application Fee

2. How to Send

Please use a trackable shipping method (eg, Federal Express, UPS, etc)

3. Where to Send

American Society of Pain Educators
6 Erie St.
Montclair, NJ 07042
Attention: CPE Exam
Phone: (973) 233-5570

4. Keep a copy of all documents for your files

Questions? Call the American Society of Pain Educators at (973) 233-5570.

Certified Pain Educator (CPE) Examination Application Form

Applicant Data

First Name:	
Middle Name:	
Last Name:	
List Degree(s):	
Address:	
Address (Line 2):	
City:	
State:	
Other (Outside US):	
Zip/Postal Code:	
Country (if not in US):	
Work Phone Number:	
Mobile Phone Number:	
Fax Number:	
Email Address:	
Other Telephone:	
Current Employer:	

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Eligibility & Required Documentation

1. Licensure

Applicant must hold a current license as a healthcare professional. **Please attach a photocopy of your license to this application (copy both sides, if any information appears on reverse).**

2. Clinical/Professional Experience

Applicant must have at least two (2) years of full-time experience or four (4) years of half-time experience in a position in which at least 10% of the applicant's time is devoted to providing pain-related education to clinical peers and/or patients (eg, 400 hours of pain education experience). *Note: Experience must have accrued within the last five (5) years.*

- By checking this box, applicant attests to having the Clinical/Professional Experience described above.

Identify organization(s) at which this experience was accrued:

3. Certified Continuing Education Activities

Applicant must have completed at least 30 hours (credits) of pain-related educational activities certified for Category 1 CME/CPE/CE or other professional credit. **Please attach a photocopy of your Credit Certificates/Statements.** *Note: Credits must have been earned within the last five (5) years.*

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ASPE CPE Examination Policies

Audits: Applications for those who pass the test may be audited. Thus, licensing boards, employers, and/or accredited providers may be contacted by ASPE and asked to verify the information provided in the application (eg, licensure, work experience, completion of CME/CPE/CE activities). If the information an applicant provides is not accurate, the CPE credential will not be awarded, even though the individual took and passed the examination. In such case, the applicant forfeits the full Examination Fee.

Agree and accept

Privacy Policy: Individual exam results are released only to the candidate and are sent via the United States Postal Service. To ensure confidentiality, scores will not be released via telephone, fax, or any other electronic transmission by either ASPE or SMT personnel. Scores will NOT be sent to employers, schools, or other individuals or organizations under any circumstances. Names of candidates who do not pass the examination are confidential and are not revealed under any circumstances, except by legal compulsory process. In response to specific inquiries, and with permission of the individual candidate, confirmation of current CPE status will be provided.

Agree and accept

Registry Listing & Other Recognition: Names of individuals who pass the CPE Examination will be posted on the ASPE's Website, will be published in ASPE's official newsletter, Painview, and may be recognized in other ways/forms. Individuals who do NOT wish to be recognized must check the following box.

If I pass the CPE Examination, I do NOT wish to be recognized

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Application Fee & Method of Payment

Payment for the non-refundable Application Fee (\$50) must accompany your Application.

Method of Payment: **Credit** **Check**

If paying by check, please make payable to the American Society of Pain Educators. **Payment must accompany your Application Form and documentation that you mail to the ASPE.**

Credit Card Information (if applicable)

Credit Card Type:	
Name on Card:	
Credit Card Number:	
Expiration Date:	

Credit Card Billing Address (if different from above)

Billing Address:	
Billing Address (Line 2):	
Billing City:	
Billing State:	
Other (Outside US)	
Billing Zip/Postal Code:	
Billing Country:	

Note: Payment for the Examination Fee (\$350) is required later, only if a candidate's application is approved and if the candidate registers for the examination. The Examination Fee is processed when the candidate registers for a Testing Center, date, and time to take the examination.

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Special Accommodations

In compliance with the Americans with Disabilities Act (ADA), ASPE provides reasonable accommodations for applicants with documented disabilities that may affect their ability to take the CPE Examination. It is the candidate's responsibility to notify the ASPE of the needed alternative arrangements at the time of application to sit for examination. If you have a disability for which you wish to request accommodation, you must check the box below and submit a copy of the documentation of disability along with your Application, required documentation, and Application Fee.

I have a disability that may require assistance to permit me to take the examination

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Agreement

By my signature on this page, I agree to abide by the terms outlined in the ASPEs Candidate Handbook; attest that all facts on this application and related forms/ documents that I provide are true and correct; agree that certification, if achieved, does not constitute any form of license; acknowledge having read and understood the requirements for maintenance of certification and recertification posted on the ASPE Website; and agree to abide by the decisions of ASPE relative to the granting of certification. I release ASPE from any and all liabilities, claims, demands, or causes of action whatsoever, including attorney's fees, which may exist or may hereafter arise on account of my participation in the CPE certification process. I acknowledge that this release is being given as a prerequisite for having my application considered by ASPE.

Signature:

Date:

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