



Moderate Sedation Re-Certification

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

This form can be completed on line and emailed or printed and filled in by hand.

(Please print clearly).

To Email it as an attachment lena@sedationcertification.com

Name: _____

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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For AAMSN member information go to www.aamsn.org/recertification

*Include a \$175.00 Re-Certification fee with documentation of 30 CE Credits or retesting confirmation.
If you certification is more than 30 days expired please include a \$50 expired certification fee.*

Item:

Recertification Fee \$175.00 \$ _____

Late fee if applicable \$50.00 \$ _____

Total submitted: \$ _____

Please allow 10-14 days for your recertification to be processed.

To pay by Credit card: (Visa, Master Card or American Express)

Name on Card _____ CCV _____

CC# _____ Exp Date: _____

Billing Address (If Not Same): _____

To pay by check: Make the check payable to Healthy Visions

Healthy Visions
351 Market St
Clinton, TN
37716

Amount enclosed or to be charged to credit card: \$ _____

Check list:

Copy of Nursing License

Copy of PALS or ACLS card

Proof of 30 approved CE credits or retesting confirmation

Check or credit card charge for \$175.00 recertification fee

Check or credit card charge for \$50.00 expired (If applicable)

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