

THIS FORM IS FOR APPLICANTS APPLYING UNDER REQUIREMENT 1, CONDITION B ONLY. THIS FORM PROVIDES INFORMATION REGARDING FORMAL PAIN MEDICINE TRAINING WITHIN THE RESIDENCY OF THE APPLICANT.



**DOCUMENTATION OF SUBSTANTIAL RESIDENCY
TRAINING IN PAIN MEDICINE FORM**

I. Name of Residency Program Director _____

Name of Residency Training Program _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Signature _____ Date _____

II. Name of Applicant _____

Note to Residency Program Director:

The applicant need not necessarily have received in-depth training in each of the following fields during the residency program. However, you should provide as detailed information as possible regarding the training that the applicant did receive during the residency program in each category. The residency training must be relevant to the field of Pain Medicine. Please provide separate information with respect to each field (use additional sheets if needed).

Neuroanatomy: _____

Neurophysiology: _____

Neuropathology: _____

Pharmacology: _____

Psychopathology: _____

Physical Modalities: _____

Surgical Modalities: _____