

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



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

(NB: see definition of Residency in Section IV below)

***Note for electronic use:** Before filling out this form, please be sure to disable the "Auto Complete" feature in Adobe. Select "Preferences," under menu item "Edit." Click on "Forms" on the left side of the Preferences box. Select "Off" for "Auto Complete."

I. Name of Residency Program Director during Applicant's Residency: _____

Name and Title of Person Completing This Form (if different than above): _____

Name of Residency Training Program _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Signature of Person Completing Form _____ Date _____

II. Name of Applicant _____

III. During the training of the Applicant, was this residency accredited by the ACGME? Yes No

IV. Note to Person Completing This Form:

As used by the ABPM, the term *resident* means a physician at any level of graduate medical education in a program accredited by the ACGME. Participants in ACGME-accredited subspecialty programs, sometimes referred to as *fellows* or *subspecialty residents*, are included in the ABPM's definition of *resident*.

ABPM requests that you provide detailed information regarding the training that the applicant received during the residency program in each of the categories listed below. Such residency training must be relevant to the field of Pain Medicine. Please provide separate information with respect to each category, using additional sheets if need be, as global statements summarizing training do not assist ABPM's Credentials Committee in evaluating the eligibility of an applicant.

Neuroanatomy:

Neurophysiology:

Neuropathology:

Pharmacology:

Psychopathology:

Physical Modalities:

Surgical Modalities: