

THIS FORM PROVIDES INFORMATION REGARDING FORMAL PAIN MEDICINE EDUCATION DURING THE APPLICANT'S RESIDENCY OR FELLOWSHIP TRAINING. THIS FORM IS FOR APPLICANTS APPLYING UNDER REQUIREMENT 1, CONDITION B **OR** FOR APPLICANTS WISHING TO COUNT A FELLOWSHIP AS 12 MONTHS OF CLINICAL PRACTICE OF PAIN MEDICINE (Item 13a on the Certification Application).



## DOCUMENTATION OF IDENTIFIABLE TRAINING IN PAIN MEDICINE

(NOTE: see definition of "Residency Training Program" in Section 5 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."*

1. Residency Training Program Director **during** Applicant's Training: \_\_\_\_\_

Name of Person Completing This Form (*if* different than above): \_\_\_\_\_

Title of Person Completing This Form (*if* different than above): \_\_\_\_\_

Name of **Institution** Sponsoring the Residency Training Program: \_\_\_\_\_

Name of Residency Training **Program**: \_\_\_\_\_

**ACGME** Program Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Signature of Person Completing Form \_\_\_\_\_

(If you have a PDF-compatible e-signature or are able to create one, please use it above. If not, typing your name in the field above will constitute your e-signature.)

Date form completed: \_\_\_\_\_

2. Name of Applicant \_\_\_\_\_

3. When the Applicant **completed** this training, **was it accredited by the ACGME?**

Yes  No

4. **If and only if** the answer to question 3 is Yes **and, at the time of the Applicant's completion**, this program was an ACGME-accredited fellowship/subspecialty Training Program in Pain Management/Medicine of at least 12 months' duration, please: a) **check** the box and b) **skip** the detailed training information below.

5. Note to Person Completing This Form:

As used by the ABPM, the term "Residency Training Program" means only those programs that are accredited by the ACGME.

Participants in an ACGME-accredited *fellowship*, sometimes referred to as a *subspecialty* residency, are included in the term "Residency Training Program." **Fellowship programs include ONLY those programs of graduate medical education accredited by the ACGME that are beyond the Primary Residency requirements for eligibility for the first board certification in a particular medical specialty.**

ABPM requests that you provide detailed information regarding the training that the applicant received during the Residency Training Program in each of the categories listed below. Such 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.

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**Neuroanatomy:**

**Neurophysiology:**

**Neuropathology:**

**Pharmacology:**

**Psychopathology:**

**Physical Modalities:**

**Interventional Modalities:**

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