

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 FORM

(Note: see definition of "Residency Training Program" in Section 4 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. Name of Residency Training Program Director **during** Applicant's Training: _____

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

Name of Residency Training Program/ACGME Program Number _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

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 _____

2. Name of Applicant _____

3. When the Applicant completed this Residency Training Program, was it accredited by the ACGME?

Yes No

4. Note to Person Completing This Form:

As used by the ABPM, the term "residency training program" means: any level of graduate or post-graduate medical education in a program 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 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:

Invasive Modalities: