**Checklist Form**

|  |  |
| --- | --- |
| Name  | : |
| Field of Specialization  | : |
| Address  | : |
| Contact Number(s)  | : |
| Institutional Affiliation (Main)  | : |
| ***Requirements*** |
| [ ]  Application Form *(complete w/ valid email add and contact no.)* |
| [ ]  ID Picture *(2 recent “w/in 3 mos from the date of submission passport sized* *photographs with the applicant’s signature in ink at the bottom front”)* |
| [ ]  PRC ID *(photocopy; current and valid)* |
| [ ]  Certified True Copy of Board Certification *(Primary Medical Specialty)* |
| [ ]  Certified True Copy of Completion of Fellowship Training in Pain Medicine *(w/ exact duration of training indicated)* |
| [ ] Certificates in Pain-Medicine-related CME activities *(w/in the past 24 months)* |
| [ ] Recommendation Letters *(2 letters that will attest the current nature 7**scopes of applicant’s practice in Pain Medicine)* |
| Good Standing Certificates |
|  [ ] Pain Society of the Philippines (PSP) |
|  [ ] Primary Specialty Society |
|  [ ] Philippine Medical Association (PMA) |
|  [ ] Int’l Association for the Study of Pain (IASP) |
| [ ] Examination Fee *(to be paid at the bank account* *given by the PBPM Secretariat-pbpmsecretariat@gmail.com)* |
| ***Comments:*** |
| **Signature over printed name:** |

 c/o Rm. 1208, Medical Arts Building, St. Luke’s Medical Center, 32nd Street Bonifacio Global City Taguig City 1634 Philippines

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