**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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