**Philippine Board of Pain Medicine, Inc.**

*The certifying board for the practice of Pain Medicine in the Philippines*

Board Examination Application Form

*Mail to*: [pbpmsecretariat@gmail.com](mailto:pbpmsecretariat@gmail.com)

*Please print all information*

Name:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | Last Name |  |  |  | First Name | |  | M.I. |
| Sex: |  |  | *Male* |  | *Female* | Date of birth: |  | Age: |  |  | Civil Status: |  |

Professional Address (Clinic/Hospital/University)

Home Address:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tel. | | (*Office*) | | | |  |  |  |  | (*Home*) | | | |
| Fax: | |  |  |  |  |  | Email: | |  |  |  |  |  |
| **Professional setting:** | | | | | |  |  |  |  |  |  |  |  |
|  |  |  | Medical school/University | | |  |  | Private practice | |  | Government institution | | |
|  |  |  | Others (*please specify*) | |  |  |  |  |  |  |  |  |  |

Number of years in primary Specialty practice

Number of years in pain practice

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Practice devoted to Pain Management | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
|  |  | 10–30% | | |  | | 31–40% |  | 41–50% |  | 51–75% | |  | |  | 100% | | |
| **Training and Education** | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
| College (*BS or equivalent*) | | | | | | |  |  |  |  |  |  |  |  | Year | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | graduated | | | |  |
| Medical Education | | | | | | |  |  |  |  |  |  |  |  | Year | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | graduated | | | |  |
| Internship (*Hospital*) | | | | | | |  |  |  |  |  |  |  |  | Year | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |
| Residency Training | | | | | | |  |  |  |  |  |  |  |  | Year | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |
| Fellowship Training | | | | | | |  |  |  |  |  |  |  |  | Year | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | |  |  | | |  |  |  |  |  |  |  |  | | |  |  |
| Specialty Board 1 | | |  | | | |  |  |  |  |  |  | Year passed | | | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| After all requirements have been met, year candidate got Diplomate status | | | | | | | |  |  |  |  |
| Other Post-graduate studies pursued (*or Graduate Studies credits if any*) | | | | | | | |  |  |  |  |
|  |  | Study pursued | |  | University/Graduate School | | |  |  |  | Date |
| 1. |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Research Studies/Papers published (*if any*) | | | |  |  |  |  |  |  |  |  |
| 1. |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  | | | |
| Are you currently involved in any pain studies? | | | |  |  | Yes | | No | | | |
| Details: | | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |