**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

*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 |  |

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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: |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |