World Institute of Pain
FIPP
BOARD OF EXAMINATION

Interventional Examination

Application for Certification

As

Fellow of Interventional Pain Practice (FIPP)

(Current edition 13Jan2015) This application form is for use for the following FIPP Examinations:

6 June 2015 – Maastricht, The Netherlands

27 August 2015 – Budapest, Hungary

December 2015 – Miami, FL, USA (exact dates TBA)

World Institute of Pain
FIPP Board of Examination

Dear Pain Physician,

Please find enclosed a 2015 Interventional Examination information packet.

The calendar for upcoming FIPP Examinations is:

Maastricht Exam on 6 June 2015 – Maastricht, The Netherlands
(Application deadline: 2 May 2015)

Budapest Exam on 27 August 2015– Budapest, Hungary
(Application deadline 25 July 2015)

Miami Exam in December 2015 – Miami, FL, USA
(Exact dates TBA; application deadline 31 October 2015)

This packet is for you to use or to pass along to a colleague who might be interested in the WIP examination for certification as *Fellow of Interventional Pain Practice (FIPP)*, and you may use the same application form for either *Cleveland or Maastricht or Budapest* exams; just make sure you clearly mark which location is your choice.

As you know, the World Institute of Pain FIPP Board of Examination is dedicated to promoting pain medicine and the practice of pain medicine interventional techniques. As the interest in interventional techniques continues to grow and more physicians consider them in their daily practices, certification becomes essential for qualified physicians.

We hope you will encourage other physicians who perform interventional techniques for pain management to take this unique examination. In the short time since its inception, the initials *FIPP* after a physician's name have become recognized around the world. There are currently 809 certified FIPP alumni from 40 countries around the world. We invite you to join with this distinguished group of your colleagues.

Sincerely,
Maarten van Kleef, MD, PhD, FIPP
Chairman, WIP-FIPP Board of Examination
Richard Rauck, MD, FIPP, President, World Institute of Pain

Monique Steegers, MD, PhD, FIPP
WIP BOE Registrar
World Institute of Pain, 145 Kimel Park Drive, suite 310
Winston Salem, NC 27103, USA
D. Mark Tolliver, Certification Program Manager
Phone: 336-760-2939 - Fax: 336-760-5770 - E-mail: mark.tolliver@worldinstituteofpain.org

PLEASE CHECK √

_____ *Yes, I plan to register for the* **FIPP Examination:**

6 June 2015	**_____Maastricht**	**(Application deadline: 2 May 2015)**
27 August 2015	**_____Budapest**	**(Application deadline 25 July 2015)**
December 2015	**_____Miami (exact dates TBA; application deadline 31 October)**	

CME credits are not provided for the FIPP Examination.

Notify FIPP office when you decide to register for the examination (mark.tolliver@worldinstituteofpain.org)

***No** late registrations will be accepted. Completed application form with documents and payment should be sent to the address on page 10 of this application. Do not send credit card by e-mail.*

Use fax (1-336-760-5770) or post ONLY to send credit card information.

Please print legibly or type all information. ALL boxes must be filled in. Attach documents and payment before sending application form.

1. Date of application _____
   month day year

2. Name_____
   Last First Middle

3. Degree □ MD □ OTHER _____
   Specify

4. Mailing Address (**Address to which you want to receive ALL materials**)
   _____
   Address Line 1
   _____
   Address Line 2
   _____
   City State Zip Code Country

5. Telephone Numbers: Mobile: _____
   Daytime (_____)_____Fax (_____) _____
   If unavailable, message may be left with _____

6. E-mail_____
7. Date of birth _____
   Month date year

8. Gender _____ Female _____ Male (For statistical purposes only)

EDUCATION

List in chronological order all completed undergraduate, medical school and approved specialty training. Applicants from the USA must have satisfactorily completed a four-year ACGME-approved residency-training program that included pain management. Non-USA applicants must have completed comparable training.

	Name of Institution	**Degree**	**Dates**
Undergraduate			
Medical School			
Residency			
Fellowship			
Other (Use separate sheet if necessary)			

LICENSURE

• List all licenses to practice medicine you presently hold. Each must be valid, unrestricted, and current. Please enclose a copy of each license.

State, Parish Province or equivalent	**License Number**	**Expiration Date**	**Date of Original Issue**

• If your license expires before the FIPP examination you are applying for, you must provide a copy of the renewed license prior to final eligibility decision.

• If you do not have a valid, unrestricted, and current license to practice medicine in your country, you do NOT meet the eligibility requirements.

BOARD CERTIFICATION (or equivalent) *You may omit any questions that do not relate to certification in your country.*

• To be eligible, you **MUST** be certified in your primary specialty by a member board of the *American Board of Medical Specialties* (ABMS) in USA or equivalent in your country.

_____I am currently certified by the following ABMS or equivalent board(s).

Board	**Date of Certification**	**Date of Recertification if applicable**
American Board of Anesthesiology (for USA applicants only) or equivalent for other applicants from outside USA		
American Board of Physical Medicine and		

Rehabilitation (for US applicants only) or equivalent for other applicants		
American Board of Psychiatry and Neurology (for USA applicants only) or equivalent of other applicants (please specify) **_____Psychiatry _____ Neurology**		
Other ABMS Board or equivalent		

SUBSPECIALTY CERTIFICATION (or equivalent)

To be eligible, it is mandatory that USA candidates hold one of the following Pain Boards:

Acceptable Pain Boards	Date of Subspecialty Certificate
American Board of Anesthesiology/Pain Management	
American Board of Pain Medicine Those outside of USA are required to have a letter from designated member of WIP-FIPP Board of Examination	

CLINICAL PRACTICE EXPERIENCE

• Effective on the date of this application, you must have been engaged in the clinical practice of Pain Medicine for at least 12 months after completing a formal residency-training program.

• Total number of years in practice after residency: _____

If you have successfully completed a pain fellowship-training program in pain management that lasted 12 months or longer, you may count the fellowship training as equivalent to l year (maximum) of practice in Pain Medicine.

• Your professional practice setting is: (Check all that apply.)

_____ Medical School _____Private Practice, solo _____Private Practice, Group

_____ Hospital Based _____ Outpatient Based _____ Military

• What percentage of your clinical practice is in the field of Pain Medicine? _____%

• List all practice experience in reverse chronological order starting with your current position.

Dates	Name of Your Institution/Practice	Your Title/Position

SCOPE OF PRACTICE

APPLICANT'S NAME _____Country_____

- Fill out this chart based on a one-month period that would be representative of your personal clinical Pain Medicine practice. Please note that what is provided here will be the basis of your procedural examination. This must be completed and signed (affirmed) by the applicant.

Total Number of individual (different) patients you see in one month	
Evaluation, Management, or Procedure	**# of Procedures or Services you provide in one-month period**
Outpatient Visits – New Patient	
Outpatient Visits – Established Patient	
Inpatient Consultations	
Stellate ganglion block	
Facet block (intra-articular or "median branch block")	
a. Cervical	
b. Thoracic	
c. Lumbar	
Cervical epidural steroid injection	
T2-T3 sympathetic block	
Splanchnic nerve block	
Lumbar sympathetic block	
Hypogastric plexus block	
Spinal Cord Stimulation (SCS) electrode insertion/revision (percutaneous)	
Lumbar discography procedure	
Lumbar communicating ramus	
Trigeminal gangliolysis (RF/Chemical)	
Sphenopalatine gangliolysis	
Selective nerve root block	
a. Lumbar	
b. Sacral	
Intercostal nerve block	
Sacroiliac joint injection/RF	
Caudal neuroplasty	
Other procedures (please list):	

I _____, confirm that I have correctly

filled in the information above and understand that my practical examination will include some of these procedures that I do perform in my practice I have read the list of procedures shown in the *FIPP Information Bulletin and understand I will be assigned one procedure from each of the four (4) regions listed.*

I certify that _____ personally appeared before me this day, acknowledging to me that he or she signed the foregoing document.

Notary Signature_____Date_____

Seal of Notary Public or equivalent

RECOMMENDATIONS

Indicate in the spaces below list the names of the physicians whom you have asked to write letters of recommendation. The form attached to this application entitled *Requirement of Ethical and Professional Standards* (PAGE 14) must be completed by at least two practicing physicians and submitted by them directly to the WIP Credential Committee. See the form and Requirement 5 in the Bulletin of Information for further detail.

1. Name_____Degree_____

   Title / Institution _____

   Mailing Address _____

   Post Code_____

2. Name_____Degree_____

   Title / Institution _____

   Mailing Address _____

   Post Code_____

Credentials Questionnaire

Please check boxes below. If "yes," please give full details on a separate sheet of paper.

1. Has your license to practice your profession in any jurisdiction ever been limited, suspended, revoked, denied, or subjected to probationary condition, or have proceedings toward any of those ends ever been instituted against you? No ☐ Yes ☐

2. Have your clinical privileges at any hospital or healthcare institution ever been limited, suspended, revoked, not renewed, or subject to probationary conditions, or have proceedings toward any of these ends ever been instituted or recommended against you by a standing medical staff committee or governing body? No ☐ Yes ☐

3. Has your medical staff membership status ever been limited, suspended, revoked, not renewed, or subject to probationary conditions, or have proceedings toward any of these ends ever been instituted or recommended against you by a standing medical staff committee or governing body? No ☐ Yes ☐

4. Have you ever been sanctioned for professional misconduct by any hospital, healthcare institution, or medical organization? No ☐ Yes ☐

5. Have you ever been convicted of a felony relating to the practice of medicine or one that relates to health, safety, or patient welfare? No ☐ Yes ☐

6. Do you presently have a physical or mental health condition that affects or is reasonably likely to affect your professional practice.? No ☐ Yes ☐

7. Do you have or have you had a substance abuse problem that affects or is reasonably likely to affect your professional practice? No ☐ Yes ☐

8. Have there been any malpractice judgments or settlements filed or settled against you in the last five years? No ☐ Yes ☐

DECLARATION AND CONSENT

I, _____, hereby apply for certification offered by WIP-FIPP Board of Examination subject to its rules. I understand that the WIP-FIPP Board of Examination may use information accrued in the certification process for statistical purposes and for evaluation of the certification program. I further understand that WIP-FIPP Board of Examination will treat any patient information I submit confidentially. I understand that WIP reserves the right to verify any or all information on this application, and that if I provide any false or misleading information, or otherwise violate the rules governing the WIP-FIPP Board of Examination certification, so doing may constitute grounds for rejection of my application, revocation of my certification, or other disciplinary action.

I recognize the sole and absolute discretion of WIP-FIPP Board of Examination to determine my qualifications to receive and to retain a certificate issued by WIP-FIPP Board of Examination, and to have my name included in any list or directory in which the names of diplomats of WIP-FIPP Board of Examination are published. I further agree to indemnify and hold harmless individually and collectively the officers, directors, committee members, employees, appointed examiners, and agents of WIP, including its FIPP Board of Examination (hereinafter, the "above-designated parties") for any decision or action made in good faith in connection with this application, the examination, the score or scores given with respect to any examination, the refusal of WIP-FIPP Board of Examination to issue me a certificate, or the revocation of my certificate.

I understand and agree that in the consideration of my application, the WIP-FIPP Board of Examination may review and assess my moral, ethical, and professional standing (including but not limited to any information regarding any disciplinary action related to the practice of medicine by any state licensing agency or any institution in which I have practiced or have applied to practice medicine). I agree that the WIP-FIPP Board of Examination may make inquiry of such persons inspection of such records, and copies of such materials as WIP-FIPP Board of Examination deems appropriate with respect to my moral, ethical, and professional standing. I consent and agree that WIP-FIPP Board of Examination may investigate allegations against me, provided, however, that should WIP-FIPP Board of Examination wish to revoke my credential or otherwise administer discipline against me based on any allegations that WIP-FIPP Board of Examination agrees to first give me an opportunity to rebut such allegations. I understand and consent that in the event WIP-FIPP Board of Examination presents me with allegations that WIP need not advise me of the identity of the individuals who have furnished adverse information concerning me and that all statements and other information furnished to WIP-FIPP Board of Examination in connection with such inquiry may be maintained between the disclosing parties and WIP and not subject to examination by me or by anyone acting on my behalf. I agree to cooperate fully and promptly in the event of any review by the WIP-FIPP Board of Examination of my eligibility for initial or continued certification. Without limiting the generality of the foregoing, I understand and agree that any individual or institution providing information to the WIP-FIPP Board of Examination regarding my fitness for certification shall be absolutely immune from civil liability arising from any act, communication, report, recommendation, or disclosure act, communication, report, recommendation, or disclosure is performed or made in good faith and without malice. I hereby authorize WIP-FIPP Board of Examination to supply a copy of this Declaration and Consent, which has been executed by me, to any individual or institution from which it requests information relating to me. I expressly give permission to WIP-FIPP Board of Examination to obtain information regarding my moral, ethical and professional behavior from any individual or institution that could reasonably be expected to have such information. Further, I authorize the WIP-FIPP Board of Examination and the above-designated parties to communicate any and all information relating to my WIP-FIPP Board of Examination application and any review thereof including but not limited to pendency or outcome of disciplinary proceedings to governmental licensing and other authorities, hospital or healthcare institutions, employers, and others.

I understand that I must keep my license to practice medicine active and I attest that it is currently active. I attest that I am not currently under any restriction or consent decree from any medical licensing authority or under any court orders. I attest that I will notify WIP-FIPP Board of Examination immediately should any of the following events occur: 1) change in my license status; 2) any past or future conviction related to the

conduct of my practice or for any crime relating to medical practice, health, safety or patient welfare; or3) being placed on probation by my licensing board or by any court-ordered probation.

I have read the FIPP *Information Bulletin* and understand and agree to abide by the policies of the WIP-FIPP Board of Examination and its FIPP Board of Examination. I understand that the WIP reserves the right to refuse admission to the certification examination if I do not have the proper identification, or if administration has begun. If I am refused admission for any of these reasons or fail to appear at the test site, I will receive no refund of the application or examination fees and there will be no credit for future examinations. I authorize the WIP-FIPP Board of Examination and its agents at my assigned test site to maintain a secure and proper test administration in their discretion. In this regard, the WIP-FIPP Board of Examination may relocate me before or during the examination. I will not communicate with other examinees in any way. I understand that I may only seek admission to sit for the WIP certification examination for the purpose of seeking WIP-FIPP Board of Examination certification, and for no other purpose. Because of the confidential nature of the WIP-FIPP Board of Examination, I will not take any examination materials from the test site, reproduce the examination materials, or transmit the examination questions or answers in any form to any other person.

I understand that review of the adequacy of examination materials will be limited to providing hand scoring. If I do anything which is not authorized or which is prohibited by the WIP-FIPP Board of Examination in connection with any WIP-FIPP Board of Examination certification examination, I understand that my examination performance may be voided, and such activity may be the subject of legal action. In a case where my examination performance is voided, I will receive no refund of the allowable application or examination fees and there will be no credit for any future examination. I expressly waive all further claims of examination review.

I pledge myself to the WIP-FIPP Board of Examination Ethical Standards and the highest ethical standards in the practice of Pain Medicine. I understand that if I receive WIP-FIPP Board of Examination certification, it will be my responsibility to remain in compliance with all WIP standards for certification, to keep my certification current and to submit a valid renewal application and fee within sixty (60) days of my certification expiration date.

I have used all reasonable diligence in preparing and completing this application. I have reviewed this completed application and, to the best of my knowledge, I aver that the information contained herein and in the attached supporting documentation is true, correct, and complete.

Signature of applicant_____

Print Name _____Date _____

VERIFICATION of the applicant's signature (Must have notary or equivalent signature confirming above signature of applicant)

I certify that _____ personally appeared before me this day, acknowledging to me that he or she signed the foregoing document.

Expiration Date _____
Signature of Notary or equivalent _____

Date of Signature _____

PLEASE CHECK √

_____ *Yes, I plan to register for the* **FIPP Examination:**

6 June 2015 _____Maastricht (Application deadline: 2 May 2015)
27 August 2015 _____Budapest (Application deadline 25 July 2015)
December 2015 _____Miami (exact dates TBA; application deadline 31 October)

CME credits are not provided for the FIPP Examination.

Notify FIPP office when you decide to register for the examination (mark.tolliver@worldinstituteofpain.org)

No late registrations will be accepted. Completed application form with documents and payment should be sent to the address on page 10 of this application. Do not send credit card by e-mail.

Use fax (1-336-760-5770) or post ONLY to send credit card information.

√ **Check your method of payment:** *Check___; Sponsor____; Bank Transfer ___; Credit Card _____*

√ Check which of these four (4) options you will use to pay your FIPP Examination fee.

1. _____ I shall pay by CHECK (Check enclosed with application form.)

2. ___ I shall pay by CREDIT CARD: _____*Visa;* _____*Master Card;* ____ *American Exp*

Number of Account_____
(do not send credit card number by e-mail…use fax or post)

Expiration Date: _____CVV (Three digit number on back of card)_____

Signature on Account: _____

3. _____ OTHER PARTY WILL PAY. (I have listed the name, address and phone of authority that will pay)
_____

4. _____My bank will TRANSFER my payment. The name and address of my bank is
_____
_____√ Send instructions to me for my bank to use in transferring payment to your bank.

***SEND FIPP Application** to:*

D. Mark Tolliver, MA
FIPP Certification Program Manager
World Institute of Pain
145 Kimel Park Drive, Suite 310
Winston Salem, NC 27103 USA
Phone: 336-760-2939 – Fax: 336-760-5770

E-mail: mark.tolliver@worldinstituteofpain.org

Attach a copy of your primary board (specialty) certificate(s) here

FIPP INTERVENTIONAL EXAMINATION

The application is not complete without two **identical** photographs. One is to be stapled on page 9 of the application. The second (placed here) will be used to identify you when you register for the examination. Photographs should be identical of head and shoulders only (passport style), be no larger than 3" x 4", and be signed on the front of each photo, with your name legibly printed in ink on the back of each.

The photograph must be a sharp, clear photo which can be reproduced on documents and should not be a fax or copy of a photograph and suitable for printing on your FIPP certificate.

Print Name _____

Signature _____

REQUIREMENT
of Ethical and Professional Standards

Please give this form to each recommending physician.

Two (2) letters of recommendation from practicing physicians must be submitted on behalf of each applicant for certification.

Both letters **must** be from physicians who can speak to the applicant's practice in Pain Medicine. ONLY ONE (1) letter may be from a physician partner. The second letter MUST be from another physician who can speak to the applicant's practice in pain medicine. Letters from relatives will not be considered. If possible a letter from a certified FIPP is encouraged.

REQUIREMENTS

1. The letter must be **TYPED** on the letterhead of the recommending physician and Should be mailed to:

D. Mark Tolliver, MA
FIPP Examination Program Manager
World Institute of Pain
145 Kimel Park Drive, Suite 310
Winston Salem, NC 27103 USA
Phone: 336-760-2939 – Fax: 336-760-5770
mark.tolliver@worldinstituteofpain.org

2. The letter **must** be addressed:

   Dear Credentials Committee,

3. **ALL** letters **must** contain the following information:

   a. Name of applicant.

   b. Number of years and in what capacity the recommending physician has known the applicant.

   c. A statement about the applicant's competence in the field of Pain Medicine.

   d. A statement concerning the applicant's adherence to ethical and professional standards.

   e. A description of the applicant's scope of practice as it relates to Pain Medicine.

   f. The name, title, and signature of the recommending physician.

As the recommending physician, it is expected that your letter of recommendation will speak to the applicant's practice in Pain Medicine, as well as serve as additional confirmation that the applicant has met the other WIP Certification Requirements.

Specifically, please include a summary of his or her overall practice, including information concerning specific evaluation, management and procedures in Pain Medicine.

For your information, the WIP-FIPP Board of Examination defines the field of Pain medicine as the following.

Definition of Pain Medicine

The specialty of Pain Medicine is the study evaluation, treatment, and rehabilitation of persons in pain. Some conditions may have pain and associated symptoms arising from a discrete cause, such as postoperative pain or pain associated with a malignancy, or may be conditions in which pain constitutes the primary problem, such as neuropathic pains or headaches. The evaluation of painful syndromes includes interpretation of historical data; review of previous laboratory, imaging, and electrodiagnostic studies; assessment of behavioral, social, occupational, and a vocational issues; and interview and examination of the patient by the pain specialist. It may require specialized diagnostic procedures, including central and peripheral neural blockade or monitored drug infusions. The special needs of the pediatric and geriatric populations, and patients' cultural contexts, are considered when formulating a comprehensive treatment plan.

The pain physician serves as a consultant to other physicians but is often the principal treating physician and may provide care at various levels, such as direct treatment, prescribing medication, prescribing rehabilitative services, performing interventional procedures, directing a multidisciplinary team, coordinating care with other health care providers and providing consultative services to public and private agencies pursuant to optimal health care delivery to the patient suffering from pain. The pain physician may work in a variety of settings and is competent to treat the entire range of pain conditions in all age groups.

Application Checklist

Did you remember to…

- ❑ Complete all items on application accurately and legibly?
- ❑ Sign your application?
- ❑ Include Notary (or suitable substitute) signature?
- ❑ Include the application fee
  Make check or money order payable to the World Institute of Pain – FIPP Board of Examination ($2,500)
- ❑ Include a copy of your current medical license?
- ❑ Include a copy of your ABMS board certificate or equivalent?
- ❑ Include a letter documenting your Pain Medicine training?
- ❑ Request and allow sufficient time for receipt of 2 letters of recommendation by WIP-FIPP Board of Examination before the deadline?
- ❑ Include two 3” x 4” **Identical** and **signed** photographs (head and shoulders only)?
- ❑ Include any additional information required by your answers to the Credentials Questionnaire?

The WIP Board of Examination Credentials Committee will consider only complete applications for review. If you fail to submit a properly and fully completed application by the deadline, you will not be eligible to sit the FIPP Examination.