



# 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: \_\_\_\_\_  
\_\_\_\_\_