



# Philippine Board of Pain Medicine, Inc.

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

## Checklist Form

Name	:
Field of Specialization	:
Address	:
Contact Number(s)	:
Institutional Affiliation (Main)	:
<b>Requirements</b>	
<input type="checkbox"/> Application Form <i>(complete w/ valid email add and contact no.)</i>	
<input type="checkbox"/> ID Picture <i>(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")</i>	
<input type="checkbox"/> PRC ID <i>(photocopy; current and valid)</i>	
<input type="checkbox"/> Certified True Copy of Board Certification <i>(Primary Medical Specialty)</i>	
<input type="checkbox"/> Certified True Copy of Completion of Fellowship Training in Pain Medicine <i>(w/ exact duration of training indicated)</i>	
<input type="checkbox"/> Certificates in Pain-Medicine-related CME activities <i>(w/in the past 24 months)</i>	
<input type="checkbox"/> Recommendation Letters <i>(2 letters that will attest the current nature &amp; scopes of applicant's practice in Pain Medicine)</i>	
Good Standing Certificates	
<input type="checkbox"/> Pain Society of the Philippines (PSP)	
<input type="checkbox"/> Primary Specialty Society	
<input type="checkbox"/> Philippine Medical Association (PMA)	
<input type="checkbox"/> Int'l Association for the Study of Pain (IASP)	
<input type="checkbox"/> Examination Fee <i>(to be paid at the bank account given by the PBPM Secretariat-pbpmsecretariat@gmail.com)</i>	
<b>Comments:</b>	
<b>Signature over printed name:</b>	