

Procedures Endorsement Program

Supervised Clinical Experience Pathway Application for endorsement form

About this form

Please submit this form to the faculty once you have reached competence in your nominated procedures and are ready to apply for endorsement.

Personal Details

College ID:

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Name: _____ : _____

Preferred contact details:

Contact number: _____

Email address: _____

Your name as you would like it to appear on your certificate: _____

Supervision details

Accredited procedural supervisor: _____

Co-supervisors (if applicable): _____

Main unit of training: _____

Date of commencement in SCEP: _____

Endorsement in pain medicine procedures

I certify that I have reached competence in the following procedures including completion of any pre-requisite requirements and am ready for endorsement.

Please provide copies of your Confirmation of Competence forms

Procedure		Seeking endorsement in
Category 1 procedures		
	All category 1 procedures	<input type="checkbox"/>
1A	Cervical medial branch block	<input type="checkbox"/>
1B	Lumbar medial branch block	<input type="checkbox"/>
1C	Lumbar transforaminal epidural injection	<input type="checkbox"/>
1D	Caudal epidural injection None	<input type="checkbox"/>
1E	Sacroiliac joint injection	<input type="checkbox"/>
Category 2 procedures		
	All category 2 procedures	<input type="checkbox"/>
2A	Cervical sympathetic block	<input type="checkbox"/>
2B	Lumbar sympathetic block	<input type="checkbox"/>
2C	Coeliac plexus block None	<input type="checkbox"/>
2D	Cervical medial branch radiofrequency neurotomy	<input type="checkbox"/>
2E	Suprascapular radiofrequency procedures (thermal or pulsed)	<input type="checkbox"/>
2F	Lumbar medial branch radiofrequency neurotomy	<input type="checkbox"/>
2G	Sacroiliac joint radiofrequency neurotomy	<input type="checkbox"/>
2H	Femoral and obturator nerve radiofrequency neurotomy	<input type="checkbox"/>
2I	Genicular nerve radiofrequency neurotomy	<input type="checkbox"/>
2J	Dorsal root ganglion pulsed radiofrequency treatment - thoracic and lumbar	<input type="checkbox"/>
Category 3 procedures		
3A	Insertion of percutaneous epidural trial leads	<input type="checkbox"/>
3B	Implantation of permanent spinal neuromodulation system, non-DRG	<input type="checkbox"/>
3C	Implantation of intrathecal drug delivery system	<input type="checkbox"/>
3D	Replacement of implantable pulse generator	<input type="checkbox"/>
3E	Revision of epidural leads	<input type="checkbox"/>
3F	Insertion of dorsal root ganglion stimulation leads	<input type="checkbox"/>

Radiation safety course

Please attach a copy of your radiation safety course certificate of completion

Applicant's declaration

- I certify that I do not have any health condition/s that would preclude my safe practice of pain medicine. I undertake to inform the Executive Director, FPM should I develop any such condition/s. I understand that an independent authoritative opinion may be sought by the FPM in respect to the implications of any such condition/s, guided by the protocols of the relevant regulatory authority.
- I undertake to notify in writing to the Executive Director, FPM if my medical registration is withdrawn or suspended, or if any conditions are placed on my medical registration, or if I receive notice of any complaint to any medical registration authority.
- I certify that am in good standing and have not had hospital credentialling withdrawn for disciplinary reasons in the last 3 years.
- I certify that I have no AHPRA/MCNZ-imposed conditions relevant to my performance of procedures.
- I will practice in a sociopsychobiomedical framework in accordance with *PS11(PM): Procedures in Pain Medicine Clinical Care Standard*

Signature: _____

Date: _____

Please send the completed form to fpm@anzca.edu.au