

AMERICAN ACADEMY OF PAIN MANAGEMENT



Credential In Pain Management Program

*General Credentialed Pain Practitioner (Diplomate, Fellow, Clinical Associate)
Advanced Credentialed Pain Practitioner (Advanced Diplomate)*

Earn the designation that is right for you!

www.aapainmanage.org

Contact Information

General

Office Hours:

Academy office hours are Monday through Friday, 8:00 a.m. to 4:30 p.m. PT.

Address:

American Academy of Pain Management
975 Morning Star Dr., Suite A
Sonora, CA 95370
Phone 209-533-9744
Fax 209-533-9750
Website: www.aapainmanage.org

Credentialing

Website:

The American Academy of Pain Management website at www.aapainmanage.org contains examination content information, study aids, and more.

Application and Recredentialing:

Email: credentialing@aapainmanage.org

- General inquiries (e.g., deadlines, documentation)
- Specific application inquiries (e.g., confirm receipt)
- Financial (e.g., payment receipt, refunds)

Web/Account Support:

Email: info@aapainmanage.org

- Contact information updates
- Log-in assistance
- Navigating the website(s)
- Publication orders

Scheduling of Computer-based Examination:

Applied Measurement Professionals, Inc.

Email: info@goAMP.com

Website: www.goAMP.com

- Testing locations
- Accommodation for people with disabilities
- Rescheduling the examination

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About the Academy

The American Academy of Pain Management (the Academy) was founded in 1988 to provide education and information to all clinicians who practice pain management. The mission of the Academy is to improve care for people with pain by advancing an integrative, patient-centered model of care through evidence-guided continuing education for healthcare practitioners, credentialing, and advocacy.

The Academy defines integrative pain management (IPM) as a model of care that is patient-centered; considers the whole person; encourages healthful lifestyle changes as part of the first line of treatment to restore wellness; is evidence-based and brings together all appropriate therapeutic approaches and clinicians to reduce pain and achieve optimal health and healing; and encourages a team approach.

Pain Management Credentialing Program

In 1990, the Academy launched the General Credentialed Pain Practitioner (GCPP) program to acknowledge those clinicians who demonstrate a commitment to providing the best possible care for people in pain. Updated throughout the years, this credential is earned through continuing education, maintenance of licensure, ethical practice, and passing an examination that tests overall knowledge of pain and ways to treat it. To date, more than 6,500 practitioners from nearly all clinical disciplines have become GCPPs.

In 2012, the Academy began developing the Advanced Credential Pain Practitioner (ACPP) program in response to the growing need for advanced prescriber education and the need for physicians to demonstrate superior knowledge and skills in integrative pain care to assure patients, other clinicians, and state and federal regulators that they are fully qualified to treat pain with all available evidence-based methods.

Based on the Academy's new curriculum, this credential is earned by passing a two-part examination that includes (1) a 200-question, psychometrically validated written examination and (2) objective structured clinical evaluation (OSCE) or a skills assessment using standardized patients.

The requirements to earn either Academy credential are determined by professional experience, education, and passing the appropriate examination to ensure a minimum level of competence as an integrative/interdisciplinary pain practitioner.

Examinations are monitored for content validity and updated for timeliness. The Academy does not credential pain practitioners for employment or to impose personnel requirements on agencies and organizations. Neither examination is to be considered board certification.

This brochure contains all the information needed to apply for an Academy credential. It is the responsibility of the clinician to follow these guidelines and to meet all required deadlines for the GCPP or ACPP examination.

General Credentialed Pain Practitioner Overview

Open to all clinicians (RN, NP, NA, PA, ND, OMD, DC, MD, DO, PhD, and more), this program is intended to evaluate the clinician's knowledge of pain management principles in theory. As a credentialed member, the clinician will demonstrate commitment to providing the best possible care for patients. After passing a two-hour comprehensive test, the clinician will earn the designation Clinical Associate, Fellow or Diplomate, American Academy of Pain Management, based on clinical education level.

The GCPP examination contains 120 questions; the score is based on 100 of them. Twenty of these questions are non-scored. They are dispersed throughout the examination for the purpose of evaluation and use in future examinations.

Benefits of earning a GCPP

Credentialed Pain Practitioners will have greater professional visibility and the opportunity to demonstrate their commitment to accountability, professional growth, and continued practice in the field of integrative/interdisciplinary pain management.

In addition:

- They will receive a certificate indicating their status as a Credentialed Pain Practitioner.
- They will be listed in the searchable database on the Academy's website, www.aapainmanage.org.
- The clinician's biography and photo will

be published in the Academy's quarterly magazine, *The Pain Practitioner*, and in the online directory.

Eligibility and levels of the GCPP

Clinicians who are members in good standing of the Academy are eligible to apply for the GCPP provided they meet the requirements. There are three levels of the GCPP credential. All require two years of clinical experience that accumulates **after** internship or residency, unless the residency or fellowship is in a field related to pain medicine.

Diplomate: This level requires a doctoral degree in a related healthcare field.

Fellow: This level requires a master's degree in a related healthcare field.

Clinical Associate: This level requires a bachelor's degree (or its equivalent) or an associate's degree in a related healthcare field.

Steps to becoming a GCPP

Clinicians are required to:

- Be an Academy member in good standing.
- Complete the application and submit all required documents and fees to the Academy for approval.
- Receive application approval notification from the Academy.
- Schedule the computer based examination with Applied Measurement Professionals, Inc. or schedule the paper and pencil examination with the Academy.
- Complete the examination with a passing score.

Examination content and suggested study aids

The study aids listed below may be useful in preparing for the examination. The list is not inclusive and is intended simply to familiarize applicants with material related to the field of pain management.

- Fishman S.M., Ballantyne J.C., Rathmell J.P. (2010). *Bonica's Management of Pain*: 4th ed. Philadelphia, PA: Wolters Kluwer Lippincott Williams & Wilkins.
- The American Academy of Pain Management's Annual Clinical Meeting, September 17-20, 2015, Gaylord National, Washington, DC.

Online resources located at the Academy website (www.aapainmanage.org).

- Online Self-Assessment Examination
- The Patient's Bill of Rights
- Code of Ethics
- Content Outline

Note: Each question on the examination is based on the outline.

Advanced Credentialed Pain Practitioner Overview

The Advanced Credentialed Pain Practitioner (ACPP) program was developed to provide a way for physicians to document their knowledge and skills in caring for people with chronic pain. The Academy developed this physician-level program in response to the national focus on

controlled substance prescribing. Additionally, the ACPP will enable physicians to demonstrate their superior knowledge and skills in integrative pain care and demonstrate to regulatory entities that they are fully qualified to treat pain with all available methods.

The ACPP is based on a new curriculum developed by the Academy and the University of New Mexico School of Medicine's experts in pain management and curriculum development.

Benefits of earning an ACPP

The ACPP fills the gap between a general credential, such as the Academy GCPP, and board certification. The ACPP is based on a rigorous course of study and a two-part examination. Earning the ACPP status will separate credentialed physicians from their peers in the area of pain management. Moreover, because of increased concerns about prescription drug abuse and related overdose deaths, many states have passed legislation and/or regulations that require clinicians practicing in pain management clinics to have some form of advanced pain management certification. The ACPP is the only such program that includes an actual skills assessment, which gives it authority and credibility not found in any other program. The Academy will be working to gain acceptance of the ACPP by the regulatory bodies administering special requirements for pain management clinicians.

Eligibility and levels of the ACPP

Any MD or DO who is a member in good standing of the Academy is eligible to apply for the ACPP. We fully expect that other prescribers, including NPs and PAs, will be able to apply for the program in the future. The current level of the ACPP credential is Advanced Diplomate: This level requires a doctoral degree in a related healthcare field.

Steps to becoming an ACPP

Physicians are required to:

- Be an Academy member in good standing.
- Complete the application and submit all required documents and fees to the Academy for approval (for non-credentialed members only).
- Receive application approval notification from the Academy.
- Schedule the examination with the Academy.
- Complete the examination with a passing score.

Examination curriculum and suggested study aids

The curriculum for the ACPP on the Academy website (www.aapainmanage.org/credentialing) provides a comprehensive outline of the content that is covered in the examination. Articles in each topical area of the curriculum support the material. *Bonica's Management of Pain* is the principal textbook for this curriculum.

GCPP members interested in becoming an ACPP

If they are already a credentialed Academy member, physicians do not need to repeat the application process. Currently Credentialed Members must be in good standing in order to sit for the ACPP examination.

Application Process

There is one application for both parts of the examination. When submitting the application, physicians should make sure that they:

- Fill out the Application Form completely and legibly.
- Submit all documentation in English (e.g. CVs, transcripts, diplomas, certificates of completion, etc.) If these documents are in a language other than English, please provide English translations.
- Submit completed application with payment to the Academy.
- Keep a copy of the completed application for personal records. All reviewed applications become the sole property of the Academy and will not be released back to the applicant.

Submission fee

- The application submission fee is \$350 for new and denied applicants.
- The submission fee is non-refundable and non-transferable.
- This fee entitles applicants to a thorough review of their applications to determine their qualifications.

Mailing the application

Please use a traceable method of delivery when submitting the application to:

American Academy of Pain Management
975 Morning Star Dr., Suite A
Sonora, CA 95370

Application review

The application will be reviewed by the Academy Credentialing Committee. The committee's primary means of communication is through email. Applicants will be notified via email of the status of the review within four weeks of submission.

Approved application

If approved, clinicians will receive notification of the application review and instructions for registering for the examination. The applicant's status will be changed from "applicant" to "credential eligible."

Denied application

The application may be denied if it is incomplete, illegible, does not reflect the clinician's most recent professional experience, the experience does not meet the minimum requirements, or if supporting documentation is not included, incomplete, or is not in English. The Academy will send the applicant an email indicating where the minimum requirements are not met. If the applicant chooses to reapply, he or she must pay the application submission fee again and submit the application with new documentation.

Examination

Applied Measurement Professionals, Inc. (AMP) works with the Academy to develop, administer, score, report, and analyze the examinations. Once applicants receive approval to take the examination, they have one year from the date of approval letter to register for and pass the examination. If applicants plan to take the examination at the Annual Clinical Meeting, the period may be extended.

All examinations are pass/fail. A copy of the results of written examinations will be mailed four to six weeks after the examination. A passing score is 70%.

Examination fees

- The GCPP examination registration fee is \$500.
- The ACPP examination registration fee is \$1,525.
- The examination fee is non-refundable and non-transferable.

Written GCPP examinations

The GCPP examination is offered once a year in paper-and-pencil format at the Academy's Annual Clinical Meeting.

ACPP written examination and OSCE

There are two parts in the examination process. A four-hour written test (200 board-style questions) will be based on the objectives in the curriculum and the skills assessment, which will use an OSCE format and will require applicants

to perform a focused interview and physical examination on a standardized patient presenting with a pain problem.

The ACPP examination is offered once a year in a paper-and-pencil format at the Academy's Annual Clinical Meeting.

Computer-based examination (GCPP only)

Computer-based testing is available for the General Credentialed Pain Practitioner examination only. The examinations are administered by appointment only, Monday through Saturday, at 9:00 a.m. and 1:30 p.m. Applicants will be scheduled on a first-come, first-served basis. When the appointment is made, applicants will be given a time to report to the AMP Assessment Center. Examinations are administered by computer at more than 160 AMP Assessment Centers in United States and Canada. They are typically located in H&R Block offices.

Locating an examination site

To locate an examination site, go to www.goAMP.com and click on the following:

1. Candidates: Schedule/Apply for an Examination
2. Select a Category: Healthcare
3. Select a Program: American Academy of Pain Management
4. Select an Examination: Credentialed Pain Practitioner

Scheduling online

The candidate may schedule an examination appointment at any time by using the online

scheduling service:

- Go to www.goAMP.com and click on Healthcare.
- Under programs, click on American Academy of Pain Management.
- Follow the step-by-step instructions to select and schedule the examination.

Scheduling by telephone

To schedule an examination appointment by phone, applicants should call the AMP Candidate Support Center Information at 888-519-9901 from 7:00 a.m. to 9:00 p.m. (Central Time) Monday through Thursday, 7:00 a.m. to 7:00 p.m. on Friday, or 8:30 a.m. to 5:00 p.m. on Saturday. Applicants will receive an email confirming the date, time, location, and identification requirements for the examination. Applicants should print the email and bring it to the testing center. An additional admission letter will not be sent. Applicants will only be allowed to take the examination for which the appointment has been made. No changes in the examination type will be made at the AMP Assessment Center.

Rescheduling examination appointment

Applicants may reschedule an appointment for examination ONCE at no charge by calling AMP Candidate Support Center Information at 888-519-9901 at least two business days prior to the scheduled testing session.

Holidays

Examinations are not offered on the following holidays:

- New Year's Day
- Martin Luther King, Jr. Day

- President's Day
- Good Friday
- Memorial Day
- Independence Day (July 4)
- Labor Day
- Columbus Day
- Veterans Day
- Thanksgiving Day (and the following Friday)
- Christmas Eve Day
- Christmas Day
- New Year's Eve Day

For those with disabilities

The Academy and AMP comply with the American with Disabilities Act and strive to ensure that no individual with a disability is deprived of the opportunity to take the examination solely because of that disability. If applicants need special accommodations, they must call AMP Candidate Support Center Information at 888-519-9901 to schedule an examination.

Wheelchair access is available at all established AMP Assessment Centers. Applicants must advise AMP at the time of scheduling that wheelchair access is necessary. If applicants have visual, sensory, or physical disabilities that prevent them from taking the examination under standard conditions, they may request special accommodations.

Applicants must submit written verification of the disability and a statement of the specific type of assistance needed to AMP at least 45 calendar days prior to the desired examination date.

Telecommunication devices for the deaf (TDD)

AMP is equipped with TDD for deaf and hearing-impaired candidates. TDD calling is available 8:30 a.m. to 5:00 p.m. (Central Time) Monday through Friday at 913-895-4637. Callers must have compatible TDD equipment.

Taking the examination

On the day of the appointment, candidates should report to the AMP Assessment Center and look for the signs indicating AMP Assessment Center check-in. A candidate who arrives more than 15 minutes late will not be admitted.

Candidates must bring two forms of identification, including one with a current photograph (considered a primary form of identification). Identification must be current and include the candidate's name and signature. Candidates will also be required to sign a roster for verification of identity.

Acceptable primary forms of identification

- Passport
- Driver's license with photograph
- State identification card with photograph
- Military identification card with photograph

Acceptable secondary forms of identification

- Social Security card
- Employment ID card
- Student ID card

- Temporary ID

Candidates are prohibited from misrepresenting their identity or falsifying information to obtain admission to the AMP Assessment Center.

Scores cancelled by the Academy or AMP

The Academy and AMP are responsible for the validity and integrity of the scores they report. Occasionally, occurrences such as computer malfunction or misconduct by a candidate may cause a score to be suspect. The Academy and AMP reserve the right to void or withhold examination results if they discover their regulations have been violated.

Retaking the examination

Candidates may retake the examination three times without reapplying. After the third attempt candidates must pay \$150 to reapply. Candidates must wait 90 days between each examination attempt to ensure that they do not receive the same examination. The examination registration form must be resubmitted with payment for each attempt.

Credentialed member designations

Once candidates are credentialed, they may refer to themselves in one of the following ways:

- Advanced Diplomate, American Academy of Pain Management: ADAAPM
- Diplomate, American Academy of Pain Management: DAAPM
- Fellow, American Academy of Pain Management: FAAPM
- Clinical Associate, American Academy of Pain Management: CAAAPM

Note: Credentialing is not, and cannot be used as a Board Certification.

After receiving the credential, clinicians should submit their photo and a short biography (50 words or less) to info@aapainmanage.org so they can be highlighted in *The Pain Practitioner* magazine.

The re-credentialing process

As a credentialed pain practitioner, clinicians agree to:

- Maintain active membership status with the Academy.
- Annually submit a copy of their current license to practice with their membership renewal.
- Obtain 100 CME/CE credits every four years.
- Practice in accordance with the Academy's

- Code of Ethics and Patient's Bill of Rights.
- Remain in good standing with federal and state regulatory agencies and professional organizations.

Continuing education guidelines

Continuing education enables clinicians to gain new knowledge and techniques in the field of integrative pain management. Continuing medical education (CME) or other continuing education credits earned through accredited organizations and programs are accepted by the Academy for re-credentialing. In addition, the following are accepted as credits by the Academy:

- The Academy's Annual Clinical Meeting
- Seminars, workshops, and conferences specific to the clinician's discipline
- Verified independent research in the field of pain management, up to 15 credits
- Published pain management manuscripts (peer reviewed), up to 5 credits
- Published pain management books, up to 10 credits

Loss of credential due to inactive status

A clinician's status will be placed on inactive status if he or she:

- Fails to pay the annual Academy membership fee
- Loses his or her license to practice
- Loses good standing with regulatory agencies and the practitioner's profession
- Fails to practice in accordance with the Academy's Code of Ethics and Patient's Bill of Rights

- Fails to earn required CME/CE credits
- Clinicians may be reinstated within one year of becoming inactive. If inactive status extends beyond one year, a request for reinstatement must be submitted to the Academy for review.

Confidentiality

Information about candidates and their examination results is considered confidential. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate.

Application Form

Please complete all portions of the application form and submit all requested documents. Incomplete applications will be returned and delay processing. Credentialing applications must be completed in their entirety for consideration. Credentialing application and examination registration fees are not refundable.

NAME _____
FIRST MIDDLE LAST MAIDEN

MAILING ADDRESS _____
STREET/POST OFFICE BOX

CITY STATE

TELEPHONE _____
OFFICE HOME (WILL NOT APPEAR ON WEBSITE)

EMAIL (REQUIRED) _____

TWITTER ACCOUNT - THE ACADEMY WILL TWEET SUCCESS WHEN THE CLINICIAN PASSES _____

WEBSITE POSTING: Same as above List as shown below Do not list on web

MAILING ADDRESS _____
STREET/POST OFFICE BOX

CITY STATE

DISCIPLINE OR SPECIALTY _____
EXAMPLES: ANESTHESIOLOGY, ONCOLOGY, INTERNAL MEDICINE, PSYCHOLOGY, CHIROPRACTOR, ETC.

EDUCATION - ATTACH COPIES OF DEGREES / DIPLOMAS

HIGHEST DEGREE _____ YEAR AWARDED _____

OTHER DEGREE _____ YEAR AWARDED _____

RESIDENCY _____

BOARD CERTIFICATION: Yes No

PROFESSIONAL WORK EXPERIENCE (MOST RECENT FIRST)

DATE OF EMPLOYMENT FROM _____ TO _____ EMPLOYER _____

ADDRESS _____

JOB DESCRIPTION _____

DATE OF EMPLOYMENT FROM _____ TO _____ EMPLOYER _____

ADDRESS _____

JOB DESCRIPTION _____

DATE OF EMPLOYMENT FROM _____ TO _____ EMPLOYER _____

ADDRESS _____

JOB DESCRIPTION _____

CHECK THAT YOU HAVE INCLUDED ALL THE FOLLOWING ITEMS WITH YOUR APPLICATION

- General membership with the Academy Member # _____
- Resume or curriculum vitae – include copy
- Experience addendum – A paragraph or two on your work in pain management
- License(s) – Include copies of all licenses in all states
- Diplomas – Include copies from highest degree held, residency(s) and other relevant degrees
- Original sealed transcripts (or ECFMG)
- Professional memberships– include listing
- 3 Reference Forms with letters of recommendation – must be sealed with signature over the seal
- Professional biography and photo – email to info@aapainmanage.org
- Completed application form and fee

SELECT YOUR EXAMINATION CHOICE

General Credentialed Pain Practitioner (GCPP) - open to all clinicians

- Computer based testing by appointment – United States
- Computer based testing by appointment – Outside the United States
- Paper and pencil testing in Washington, DC, at the 26th Annual Clinical Meeting, September 20, 2015

Advanced Credentialed Pain Practitioner (ACPP) - for MDs and DOs only

- OSCE and paper and pencil testing in Washington, DC, at the 26th Annual Clinical Meeting, September 19-20, 2015

Terms

I, the undersigned, do hereby make a voluntary application to the American Academy of Pain Management. I certify that the information given by way of this application is true, honest, and completely represents me. I understand and agree that if granted a credential, I will conform to all applicable local, state and federal regulations and will conduct my professional behavior consistent with the highest standards of professional conduct, as established in the Code of Ethics of the American Academy of Pain Management, as well as those codes of ethical conduct relating to my specialty. I agree to abide by the regulations of the American Academy of Pain Management and I recognize that failure to do so may result in suspension or revocation of my credential. I understand that any credential awarded by the American Academy of Pain Management does not in and of itself imply or grant license to practice within any state. I agree to the security and examination restrictions as stated in the Credentialing Testing Candidate Information section and understand that failure to follow the rules of conduct as stated and/or as instructed by the examination proctor may result in my dismissal from the examination, unreported examination results, and forfeit of examination fee.

Furthermore, I understand and agree that the American Academy of Pain Management and its affiliates assume no responsibility for my action or activities. I practice at my own risk and hereby release the American Academy of Pain Management from any liability from any practice decision I make in the practice of pain management.

SIGNATURE DATE

PRINTED NAME

Submit the Credentialing Application with all supporting documents, forms and required fees to: AMERICAN ACADEMY OF PAIN MANAGEMENT | 975 MORNING STAR DRIVE, SUITE A | SONORA, CA 95370 Phone: 209-533-9744 Fax: 209-533-9750

- Credentialing Application fee \$350
- Check enclosed in the amount of: _____

Credit Card Charge: Master Card Visa Discover Card American Express

CARD NUMBER EXPIRATION DATE CVC

SIGNATURE DATE

PRINTED NAME DAYTIME PHONE

Pain Management Reference Form

The purpose of this applicant reference form is to provide information to credential the practitioner as an integrative/interdisciplinary pain management practitioner. An integrative/interdisciplinary pain management practitioner uses the tools and techniques of integrated comprehensive health care to reduce pain and suffering.

Reference forms must be submitted with a letter of recommendation in a sealed envelope with a signature over the seal.

Incomplete reference forms will not be considered in determining applicant eligibility

NAME _____ MEMBER #: _____
LAST FIRST

1. PERFORMANCE EVALUATION

PRACTICE AREA	POOR	FAIR	VERY GOOD	OUTSTANDING	NO BASIS
ASSESSMENT					
a. Apply principles of anatomy and physiology					
b. Perform patient assessment					
TREATMENT					
a. Demonstrates sound clinical judgment					
b. Develops/treatment plan					
c. Implement specific treatment modalities					
d. Demonstrates technical proficiency					
ETHICAL/PROFESSIONAL/LEGAL					
a. Incorporates outcome measures					
b. Demonstrates professional relations with patients/families					
c. Maintains timely and complete records					
d. Practices ethically, professionally, legally					
e. Educates patients, consumers, clinicians					

2. LETTER OF RECOMMENDATION

Please attach a typed letter of recommendation that rates the applicant's knowledge, experience, and skills as they relate to his/her practice as a pain practitioner, as defined in the above areas. Please be as specific as possible, including specific incidents and/or outstanding performance. The applicant's name must be included in the typed recommendation. Please sign and date your recommendation and include it with you reference form in a sealed envelope with your signature over the seal.

Please complete overleaf →

3. YOUR KNOWLEDGE OF APPLICANT AND HIS/HER PRACTICE

- a. How long have you known the applicant? _____ YEARS
- b. Please list the dates you observed his/her practice: _____ FROM _____ TO _____
- c. In what settings have you observed his/her practice?
 Office Hospital Residency Other _____
- d. How frequently have you observed his/her practice?
 Daily Weekly Monthly Infrequently
- e. To the best of your knowledge, has this practitioner ever been subjected to any disciplinary action such as admonition, reprimand, suspension, probation, restriction, or termination? Yes No
- f. I have observed the applicant in a clinical setting. (If no you may not be a reference) Yes No
- g. I have known the applicant for more than two years. (If no you may not be a reference) Yes No
- h. Is the applicant your manager, or supervisor? (If yes you may not be a reference) Yes No
- i. May we contact you regarding this applicant if necessary? Yes No

PRINTED NAME _____

SIGNATURE _____

DATE _____

POSITION AND INSTITUTION _____

TELEPHONE _____

FAX _____

E-MAIL _____

ADDRESS _____

Please return this applicant reference form along with your letter of recommendation in a sealed envelope (with your signature over the seal) directly to the applicant so he/she may submit the reference with his/her complete application.

For questions regarding this form, please contact the Academy at 209-533-9744

Pain Management Reference Form

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NAME _____ MEMBER #: _____
LAST FIRST

1. PERFORMANCE EVALUATION

PRACTICE AREA	POOR	FAIR	VERY GOOD	OUTSTANDING	NO BASIS
ASSESSMENT					
a. Apply principles of anatomy and physiology					
b. Perform patient assessment					
TREATMENT					
a. Demonstrates sound clinical judgment					
b. Develops/treatment plan					
c. Implement specific treatment modalities					
d. Demonstrates technical proficiency					
ETHICAL/PROFESSIONAL/LEGAL					
a. Incorporates outcome measures					
b. Demonstrates professional relations with patients/families					
c. Maintains timely and complete records					
d. Practices ethically, professionally, legally					
e. Educates patients, consumers, clinicians					

2. LETTER OF RECOMMENDATION

Please attach a typed letter of recommendation that rates the applicant's knowledge, experience, and skills as they relate to his/her practice as a pain practitioner, as defined in the above areas. Please be as specific as possible, including specific incidents and/or outstanding performance. The applicant's name must be included in the typed recommendation. Please sign and date your recommendation and include it with you reference form in a sealed envelope with your signature over the seal.

Please complete overleaf →

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YEARS
- b. Please list the dates you observed his/her practice: _____
FROM TO
- c. In what settings have you observed his/her practice?
 Office Hospital Residency Other _____
- d. How frequently have you observed his/her practice?
 Daily Weekly Monthly Infrequently
- e. To the best of your knowledge, has this practitioner ever been subjected to any disciplinary action such as admonition, reprimand, suspension, probation, restriction, or termination? Yes No
- f. I have observed the applicant in a clinical setting. (If no you may not be a reference) Yes No
- g. I have known the applicant for more than two years. (If no you may not be a reference) Yes No
- h. Is the applicant your manager, or supervisor? (If yes you may not be a reference) Yes No
- i. May we contact you regarding this applicant if necessary? Yes No

PRINTED NAME _____

SIGNATURE _____

DATE _____

POSITION AND INSTITUTION _____

TELEPHONE _____

FAX _____

E-MAIL _____

ADDRESS _____

Please return this applicant reference form along with your letter of recommendation in a sealed envelope (with your signature over the seal) directly to the applicant so he/she may submit the reference with his/her complete application.

For questions regarding this form, please contact the Academy at 209-533-9744

Pain Management Reference Form

The purpose of this applicant reference form is to provide information to credential the practitioner as an integrative/interdisciplinary pain management practitioner. An integrative/interdisciplinary pain management practitioner uses the tools and techniques of integrated comprehensive health care to reduce pain and suffering.

Reference forms must be submitted with a letter of recommendation in a sealed envelope with a signature over the seal.

Incomplete reference forms will not be considered in determining applicant eligibility

NAME _____ MEMBER #: _____
LAST FIRST

1. PERFORMANCE EVALUATION

PRACTICE AREA	POOR	FAIR	VERY GOOD	OUTSTANDING	NO BASIS
ASSESSMENT					
a. Apply principles of anatomy and physiology					
b. Perform patient assessment					
TREATMENT					
a. Demonstrates sound clinical judgment					
b. Develops/treatment plan					
c. Implement specific treatment modalities					
d. Demonstrates technical proficiency					
ETHICAL/PROFESSIONAL/LEGAL					
a. Incorporates outcome measures					
b. Demonstrates professional relations with patients/families					
c. Maintains timely and complete records					
d. Practices ethically, professionally, legally					
e. Educates patients, consumers, clinicians					

2. LETTER OF RECOMMENDATION

Please attach a typed letter of recommendation that rates the applicant's knowledge, experience, and skills as they relate to his/her practice as a pain practitioner, as defined in the above areas. Please be as specific as possible, including specific incidents and/or outstanding performance. The applicant's name must be included in the typed recommendation. Please sign and date your recommendation and include it with you reference form in a sealed envelope with your signature over the seal.

Please complete overleaf →

3. YOUR KNOWLEDGE OF APPLICANT AND HIS/HER PRACTICE

- a. How long have you known the applicant? _____ YEARS
- b. Please list the dates you observed his/her practice: _____ FROM _____ TO _____
- c. In what settings have you observed his/her practice?
 Office Hospital Residency Other _____
- d. How frequently have you observed his/her practice?
 Daily Weekly Monthly Infrequently
- e. To the best of your knowledge, has this practitioner ever been subjected to any disciplinary action such as admonition, reprimand, suspension, probation, restriction, or termination? Yes No
- f. I have observed the applicant in a clinical setting. (If no you may not be a reference) Yes No
- g. I have known the applicant for more than two years. (If no you may not be a reference) Yes No
- h. Is the applicant your manager, or supervisor? (If yes you may not be a reference) Yes No
- i. May we contact you regarding this applicant if necessary? Yes No

PRINTED NAME _____

SIGNATURE _____

DATE _____

POSITION AND INSTITUTION _____

TELEPHONE _____

FAX _____

E-MAIL _____

ADDRESS _____

Please return this applicant reference form along with your letter of recommendation in a sealed envelope (with your signature over the seal) directly to the applicant so he/she may submit the reference with his/her complete application.

For questions regarding this form, please contact the Academy at 209-533-9744

Credentialing Examination Registration Form

Submit the Examination Fee and the Examination Registration Form to: AMERICAN ACADEMY OF PAIN MANAGEMENT, 975 MORNING STAR DRIVE, SUITE A, SONORA, CA 95370

Please type, or print with ink.

NAME _____ MEMBER #: _____
LAST FIRST

MAILING ADDRESS _____
STREET/POST OFFICE BOX

_____ CITY STATE ZIP

TELEPHONE _____
OFFICE HOME (WILL NOT APPEAR ON WEBSITE)

EMAIL (REQUIRED) _____

DISCIPLINE OR SPECIALTY _____
EXAMPLES: ANESTHESIOLOGY, ONCOLOGY, INTERNAL MEDICINE, PSYCHOLOGY, CHIROPRACTOR, ETC.

SELECT YOUR EXAMINATION CHOICE

General Credentialed Pain Practitioner (GCPP) - open to all clinicians \$500

- Computer based testing by appointment – United States
 Computer based testing by appointment – Outside the United States
 Paper and pencil testing in Washington, DC, at the 26th Annual Clinical Meeting, September 20, 2015

Advanced Credentialed Pain Practitioner (ACPP) - for MDs and DOs only \$1525

- OSCE and paper and pencil testing in Washington, DC, at the 26th Annual Clinical Meeting, September 19 - 20, 2015

Enclosed is a check made payable to the American Academy of Pain Management **OR**

Charge my: Master Card Visa Discover Card American Express

NUMBER _____

EXPIRATION DATE _____ CVC _____

SIGNATURE _____

DATE _____

PRINTED NAME _____

TELEPHONE _____
OFFICE HOME (WILL NOT APPEAR ON WEBSITE)

Note: Examination fees are non refundable and non transferable. You must resubmit this form with payment to retake the examination.

Submit this form and required fees to: American Academy of Pain Management, 975 Morning Star Drive, Suite A, Sonora, CA

Contact us

American Academy of Pain Management

975 Morning Star Drive, Suite A, Sonora, CA 95370

T: 209-533-9744 F: 209-533-9750

E: info@aapainmanage.org

