

A. PERSONAL DETAILS

1. APPLICANT DETAILS

Name of applicant:	Royal College ID:
--------------------	-------------------

2. DETAILS OF ASSESSOR # 1

Name of assessor # 1:	Royal College ID:
-----------------------	-------------------

Street no. and name	Apt no.
---------------------	---------

City	Province	Country	Postal Code
------	----------	---------	-------------

Telephone	Fax	E-mail
-----------	-----	--------

3. DETAILS OF ASSESSOR # 2

Name of Assessor # 2:	Royal College ID:
-----------------------	-------------------

Street no. and name	Apt no.
---------------------	---------

City	Province	Country	Postal Code
------	----------	---------	-------------

Telephone	Fax	E-mail
-----------	-----	--------

B. SUMMARY OF REVIEW

1. Does the individual maintain a practice in Pain Medicine that would reasonably be considered to encompass sufficient aspects of the domain to be considered a specialist in the discipline?

2. Is there evidence that knowledge, skills and attitudes are of a caliber that the candidate may be considered to be competently practicing as a physician in Pain Medicine?

3. Is there evidence of reasonable accomplishment in all aspects of the CanMEDS Roles? Please see http://rcpsc.medical.org/canmeds/bestpractices/framework_e.pdf for definitions of the roles.

4. Is there evidence that the applicant spends *at least 60 hours per month* in clinical, academic or administrative aspects of Pain Medicine?

C. ATTESTATION

This physician maintains a practice in the subspecialty that would reasonably be considered to encompass sufficient aspects of the domain to be considered a specialist in the discipline. YES NO

Signature of Assessor #1: _____

Signature of Assessor #2: _____