ABN 82 055 042 852

Foundations of Pain Medicine Examination

The Foundations of Pain Medicine examination needs to be passed before commencing the core training stage. The application fee (paid at the time of applying for FPM training) covers **two** attempts at this examination within two years. Two sittings of the examination are held annually in January and November. A pass in the Foundations of Pain Medicine Examination is valid for 18 months.

Eligibility for Foundations of Pain Medicine Examination
In addition to submitting this Foundation of Pain Medicine examination form, applicants must have applied for training with the Faculty of Pain Medicine by paying the non-refundable training application fee and submitting the application for training form and supporting documentation by the examination closing date.

Closing date for the October 2017 examination sitting: **September 29, 2017**.
Closing date for the January 2018 examination sitting: **November 30, 2017**.

College ID: __ / __ / __ / __ / __ (if known) Name: _____

Email _____ Phone:_____

Kindly advice the Faculty office by email (fpm@anzca.edu.au) if any of these details change during the course of the exam.

I have submitted my application for FPM training and supporting documentation to the Faculty: Yes/No

1. Exam Dates and Venue

I would like to sit the Foundations of Pain Medicine Examination on: **27 October 2017 / 12 January 2018**

Please circle your preferred date

Please select your preferred written examination venue from those listed below: _____

Australia:	Adelaide, Brisbane, Canberra, Hobart, Melbourne, Perth, Sydney, Townsville
New Zealand:	Auckland, Christchurch, Wellington
Other FPM Regions:	Hong Kong, Singapore

2. Declaration

I certify that I have no illness or disability that would preclude the safe practice of pain medicine, including dependence on or inappropriate use of alcohol or recreational and/or non-prescribed drugs, and/or treatment with prescribed drugs likely to compromise the safe practice of pain medicine. I undertake to notify the Faculty if I develop an illness or disability that would preclude the safe practice of pain medicine, including dependence on or inappropriate use of alcohol or recreational and/or non-prescribed drugs, and/or treatment with prescribed drugs likely to compromise the safe practice of pain medicine.

Signature: _____ Date: __ / __ / __

Send the completed form to the Faculty by the closing dates **(see above):**

Faculty of Pain Medicine
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ST KILDA ROAD CENTRAL
VIC 8008 AUSTRALIA

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fax: +61 3 9510 6786