

Application for FIAPM Pain Medicine Centre Accreditation

(To be submitted by the Centre Head to the IAPM Registrar)

Centre Details

Name of Centre/Hospital/Institution Name: _____

Address: _____

City, State, Pincode: _____

Centre Head (Name & Designation): _____

Contact Phone: _____ Email: _____

Core Faculty Listing

Please list all core faculty involved in the fellowship training program (add rows if needed):

Faculty Name	Designation & Specialty	FIAPM Qualified	Year FIAPM Awarded
_____	_____	[Yes/No]	_____
_____	_____	[Yes/No]	_____
_____	_____	[Yes/No]	_____
_____	_____	[Yes/No]	_____

(All core faculty must be FIAPM-qualified pain physicians, with a minimum of 2 years post-FIAPM experience.)

Fellowship Program Details

Number of Fellowship Positions applied _____ (per year).

*Number of Additional Fellowship positions applied: _____ per year.

*(Applicable for centres applying for additional seats)

Current Approved FIAPM Fellowship Positions: _____ per year.

Other Pain Fellows/Observers (Non-FIAPM): _____

Stipend for Fellow (per month): ₹ _____ (INR)

(It is mandatory to pay minimum 30,000 per month.)

Compliance with Core Accreditation Requirements (2026 Criteria)

Please indicate whether the centre meets the following key requirements:

- **Multidisciplinary Faculty:** Centre has practitioners from at least two medical specialties on the pain team (including at least one FIAPM-qualified pain physician).
 Yes No
- **Allied Specialist Support:** Centre has allied health professionals in pain management.
 Yes No (e.g. clinical psychologist/psychiatrist , physiotherapist , pain-specialized nurse).
- **Outpatient Pain Clinic:** Regular chronic pain outpatient clinics are conducted.
 Yes No Frequency: _____ clinics per week.
- **Procedure Facilities:** Dedicated pain procedure room/operating theatre is available for interventions. Yes No
- **Imaging Equipment:** X-ray fluoroscopy (C-Arm) and Ultrasound machine are available on site for pain procedures.
- **Post-procedure Care:** A recovery/observation area with monitoring is available for post-procedure care. Yes No
- **Inpatient/Day-Care Access:** The centre can admit pain patients for inpatient or day-care management if required. Yes No
- **Teaching Program:** Regular academic activities for fellows (lectures, case conferences, journal clubs) are conducted. Yes No
- **Educational Resources:** Fellows have access to learning resources (medical library, pain journals, internet access). Yes No

(Please attach supporting documents: case logs, lists of equipment, team CVs, etc., as evidence of the above criteria.)

Clinical Volume Summary (Past 12 Months)

Please fill in the number of procedures performed in each category and attach logs where possible. Where minimum volumes are not met, specify how fellows are offered structured exposure through affiliated centres or supervised rotations.

Category (MIPSI)	Description	Actual Annual Volume (Last 12 mo.)	If not available: Exposure Plan for Fellows
Outpatient Load	Total Pain OPD consultations (new + follow-up)	_____	Mandatory in the centre
MIPSI A: Joint/Musculoskeletal Interventions	Major, intermediate & minor joint injections (e.g. facet, SI, knee, shoulder), bursa/tendon injections, joint denervations, arthrograms	_____	Mandatory in the centre
MIPSI B: Nerve Blocks & RFA	Peripheral nerve blocks (e.g. occipital, suprascapular, intercostal), sympathetic plexus blocks/neurolysis (stellate, celiac, etc.), Radiofrequency ablations (pulsed or thermal)	_____	Mandatory in the centre
MIPSI C: Epidural Procedures	Epidural interventions (interlaminar, transforaminal, caudal), Adhesiolysis (epidural neuroplasty via catheter, mechanical or chemical)	_____	Mandatory in the centre
D: Vertebral Augmentation	Vertebroplasty, Kyphoplasty, Sacroplasty	_____	_____ _____ _____
E: Neuromodulation (SCS/DRG)	Spinal Cord Stimulator trials/implants, Dorsal Root Ganglion stimulation, Peripheral nerve stimulation	_____	_____ _____ _____

F: Intrathecal Therapies	Intrathecal pump implants/trials, neurolytic blocks, port placements	_____	_____
G: Intradiscal Procedures	Discography, Ozone nucleolysis, Nucleoplasty, Annuloplasty, IDET, Biacuplasty	_____	Mandatory in the centre
H: Endoscopic Pain Procedures (MisEpp)	Endoscopic discectomy, decompression, rhizotomy	_____	_____
I: Regenerative Interventions (“Pain Biologics”)	PRP, stem cell treatments for pain	_____	Mandatory in the centre
J: Other Therapies	e.g., Botulinum toxin, Acupuncture, Shockwave, TENS	_____	_____

Note: Where a category is not available in-house, attach documentation of a formal MOU/rotation plan ensuring fellows receive supervised exposure.

Centre Head’s Declaration

I, Dr. _____, Head of _____ (Name of Centre), hereby certify that this centre complies with all the **revised FIAPM training accreditation criteria (Version 2026)** set by the Indian Academy of Pain Medicine. All information provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may lead to disqualification of the centre’s accreditation application.

I am willing and prepared to produce documentary evidences at the time of inspection.

Place: _____ **Date:** _____

Centre Head’s Signature: _____

Name: _____

Designation: _____

Submission: Please submit this completed form, with all required enclosures, to the **Registrar, Indian Academy of Pain Medicine (IAPM)** as per the instructions on the IAPM website or accreditation notification.