Indian Academy of Pain Medicine (IAPM).

(Academic & Training Wing of ISSP)

APPLICATION FORM FOR ACCREDITATION

MisEpp (Minimally Invasive Spine Endoscopic Pain Procedures) Observership Program

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Observership Program

SECTION 1: INSTITUTION DETAILS

- **Name of Institution:** _____
- **Address:** _____
- **City / State / PIN:** _____
- **Contact Number:** _____
- **Email ID:** _____
- **Website (if any):** _____
- **Type of Institution:**

  ☐ Private Hospital

  ☐ Government Hospital

  ☐ Day Care Centre

  ☐ Others: _____

SECTION 2: FACULTY DETAILS

- **Name of Lead Faculty:** _____
- **Qualification:** _____
- **FIAPM Status:** _____
- **Years of Experience in Pain Medicine:** _____
- **Years of Experience in Spine Endoscopy (MisEpp):** _____
- **Training in Spine Endoscopy:** _____

SECTION 3: ELIGIBILITY DECLARATION

3.1 Faculty Eligibility

Criteria	Yes	No
Lead faculty is a trained Spine Endoscopic Pain Physician	☐	☐
Lead faculty is FIAPM-qualified Pain Physician	☐	☐
Lead faculty is actively practicing Interventional Pain Medicine	☐	☐
Lead faculty is full-time with the institution	☐	☐

3.2 Institutional Experience

Criteria	Yes	No
Institution has ≥ 2 years experience in MisEpp procedures	☐	☐
Case records and operative logs are available	☐	☐
Outcome documentation is maintained	☐	☐

3.3 Case Volume Requirement

Criteria	Yes	No
Minimum 10 exclusive MisEpp cases per month performed	☐	☐
Cases are independent MisEpp procedures (not hybrid surgeries)	☐	☐

3.4 Infrastructure & Compliance

Criteria	Yes	No
Spine endoscopy equipment available	☐	☐
Imaging support (C-arm/fluoroscopy) available	☐	☐
Fully functional OT facility available	☐	☐
Ethical standards and consent protocols followed	☐	☐

Criteria	Yes	No
Institutional clinical protocols in place	☐	☐
Compliance with national/local regulations	☐	☐

SECTION 4: OBSERVERSHIP PROGRAM DETAILS

- **Proposed Number of Observers per Month: _____**
- **Structure of Observership:**

  ☐ Clinical Observation

  ☐ OT Exposure

  ☐ Case Discussions

  ☐ Academic Sessions
- **Duration Confirmed (1 Month):**

  ☐ Yes ☐ No

SECTION 5: DECLARATION BY INSTITUTION

We hereby declare that:

1. All the information provided above is true and correct.
2. Our institution fulfills all the criteria as per IAPM/ISSP guidelines for MisEpp Observership Accreditation.
3. We understand that:
   - Observership does **not confer certification or procedural rights**.
   - Observers will not perform independent procedures.
4. We agree to:
   - Maintain proper documentation
   - Allow inspection/review by IAPM
   - Adhere strictly to ethical and clinical standards
5. We understand that accreditation may be **reviewed or withdrawn** if guidelines are not followed.

SECTION 6: UNDERTAKING

We undertake to conduct the Observership Program strictly as per the guidelines laid down by IAPM/ISSP and ensure patient safety, ethical conduct, and academic integrity at all times.

SECTION 7: SIGNATURES

- **Name of Medical Director / Head of Institution:** _____

- **Signature:** _____
- **Date:** _____

- **Name of Lead Faculty:** _____

- **Signature:** _____
- **Date:** _____

  - **Official Seal of Institution**

SECTION 8: FOR OFFICE USE ONLY

- Application Reviewed by: _____
- Inspection Required: ☐ Yes ☐ No
- Decision:

  ☐ Approved

  ☐ Rejected

  ☐ Pending Clarification
- Remarks: _____

  _____