WIP Endorsement Application

[With Non-Endorsed Activity Advertising Eligibility Questionnaire, Section VI.]

I. SPONSOR

A. Is the activity sponsored by a medical society/institution or educational/scientific organization?
   [Complete all that apply]
   ___No
   Private practice
   For-profit enterprise
   Other
   Go to VI.
   ___Yes
   The Activity Sponsor is a not-for-profit entity (specify all that apply).

   [It is REQUIRED that any residual funds from the activity will be used for educational, scientific, or charitable purposes and NOT distributed for personal profit by any organizer or faculty].

   WIP or a WIP Section
   Other Medical Society
   Educational Foundation
   Charitable Foundation
   Other

B. Will the activity support WIP administrative activities (Executive Board Meeting, Examination Board Meeting, Editorial Board Meeting, or FIPP/CIPS examination)?
   ___Yes (Specify)
   ___No

C. Will the activity offer CME credits?
   ___Yes.
   (Accrediting body)
   ___No

D. Has this activity ever had WIP endorsement in the past?
   ___Yes (date and location)
   IMPORTANT: Attach previous CME and attendee evaluation reports
   ___No

E. Did you pay honoraria or other payments (unrelated to travel or lodging) to organizers, lecturers, or instructors in the past?
   ___Yes (Specify roles and amounts paid)
   ___No
F. Do you plan to pay honoraria or other payments (unrelated to travel or lodging) to organizers, lecturers, or instructors?
   ___Yes  (Specify roles and amounts to be paid) ________________________________
   ___No

G. Is the organizer an active WIP member?
   ___Yes  (name) ______________________________________________________
   ___No

H. Is the activity organized in collaboration with a WIP section with Section Chair approval?
   ___Yes  (Section Chair) _______________________________________________
   ___No  (Explain) ____________________________________________________

II. ENDORSEMENT REQUESTED
   A. Are you requesting endorsement as an FIPP preparatory activity, course, or workshop?
      ___Yes  Go to III.
      ___No  Go to IV.

   B. Are you requesting WIP endorsement as an educational activity (not for FIPP examination preparation)?
      ___Yes  Go to IV.
      ___No  Go to VI.

III. WIP endorsed FIPP Preparatory Activity
   A. Are all speakers active WIP members?
      ___Yes
      ___No  (Explain) ____________________________________________________

   B. Are at least 75% of speakers FIPP or CIPS certified?
      ___Yes
      ___No  (Explain) ____________________________________________________

   C. Are all workshop instructors FIPP (fluoro-guided) or CIPS (ultrasound-guided) certified?
      ___Yes
      ___No  (Explain) ____________________________________________________

   D. Have at least 50% of workshop instructors completed a minimum of five (5) workshop teaching experiences?
      ___Yes
      ___No  (Explain) ____________________________________________________
E. Will the program cover at least 75% of FIPP or CIPS required procedures?
   ___Yes
   ___No

F. Is this activity an ADVANCED procedures Workshop?
   ___Yes (Explain) ________________________________________________
   ___No (Explain) ________________________________________________

G. Will the maximum number of participants per cadaver/phantom be 12 or less?
   ___Yes
   ___No (Explain) ________________________________________________

H. Will the instructional material preferentially use and cite those developed and approved by WIP?
   ___Yes (Specify) ________________________________________________
   ___No (Explain) ________________________________________________

Go to V.

IV. WIP endorsed educational activity (not for FIPP examination preparation)
   A. Are the majority of speakers active WIP members?
      ___Yes
      ___No (Explain) ________________________________________________

   B. Are interventional techniques being taught?
      ___No
      ___Yes

   C. Are the instructors for the interventional techniques FIPP or CIPS certified?
      ___Yes
      ___No (Explain) ________________________________________________

Go to V.

V. Proposed DATE(s) of the activity
   A. Is the date of this application at least 6 months prior to proposed activity date?
      ___Yes
      ___No (Explain) ________________________________________________

   B. I understand that use of the WIP logo, FIPP logo or any mention of the FIPP examination, CIPS or CIPS examination or the WIP on any promotional material without prior endorsement by WIP will automatically result in denial of endorsement for this activity and future activities by the organizer for a period to be determined by the Executive Board of WIP.

Signature ____________________________________________ Date ___________
C. I further understand that failure to submit CME and attendee evaluation reports to the WIP Executive office will result in denial of future endorsement for this activity and activities of the organizer for a period to be determined by the Executive Board of WIP.

Signature ________________________________________________ Date ___________

D. I affirm that, if requested by the WIP Executive office, I will promptly provide financial statements related to this activity to include all fees, honoraria, and other payments to individuals as well as the disposition of any profit, as outlined in section I.

Signature ________________________________________________ Date ___________

E. I affirm that this activity is begin organized in an underdeveloped country according to current WHO: World Bank income guidelines and am hereby requesting exemption from oversight fees imposed by WIP for endorsement.

Signature ________________________________________________ Date ___________

VI. For NON-ENDORSED ACTIVITIES
Eligibility for paid advertising on website (only):

A. Is the primary purpose of the activity educational or academic?
   ___ Yes (explain) _____________________________________________________
   ___ No
B. Is the activity consistent with the goals and mission of WIP (see: www.worldinstituteofpain.org)?

C. ___ Yes (explain) ________________________________
   ___ No

D. I understand that as a non-endorsed activity the WIP logo, the FIPP logo, or mention of WIP, FIPP or CIPS in the promotional materials is strictly prohibited.
   ___ Yes (explain) ________________________________
   ___ No

Signature ____________________________ Date ________
WIP  Endorsement of Educational Activity Application Worksheet.
Only active WIP members with a FIPP certificate may apply.

Name of program: ___________________________ Date(s) __________________

Location/venue: ____________________________________________________________________________________

Program director: ____________________________________________________________________________________

Pain Center name or affiliation: ________________________________________________________________________

Business address _____________________________________________________________________________________

Program type:
☐ Basic   ☐ FIPP prep   ☐ Advanced   ☐ Fellowship
☐ Lectures   ☐ Workshop   ☐ Both   ☐ Other, define: ________________________________

Target audience:
☐ Physicians    ☐ Residents    ☐ Nurses   ☐ Other, define: ________________________________

Total # speakers/instructors: ___________ Total # FIPPs _____________ CIPS (if applicable) _____________

CME: ☐ Yes   ☐ No   If yes, name accrediting agency: ________________________________

Please attach the brochure, the agenda, and a list of speakers (with WIP/FIPP affiliation), the course objectives, and the planned procedures.

You agree to the terms and conditions of the WIP policies and procedures for educational activity endorsement.

_________________________________________________________  ______________________________________
Program Director’s Signature  E-mail Address

Email or FAX a copy of the preliminary program, list of program directors, and faculty with credentials to:
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