### WIP Endorsement Policy - APPLICATION Worksheet

[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]

<table>
<thead>
<tr>
<th>No</th>
<th>Private practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>For-profit enterprise</td>
</tr>
<tr>
<td>Yes</td>
<td>Other</td>
</tr>
</tbody>
</table>

**Go to VI.**

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>(Specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
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</table>

C. Will the activity offer CME credits?

<table>
<thead>
<tr>
<th>Yes</th>
<th>(Accrediting body)</th>
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<tbody>
<tr>
<td>No</td>
<td></td>
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</table>

D. Has this activity ever had WIP endorsement in the past?

<table>
<thead>
<tr>
<th>Yes</th>
<th>(date and location)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
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</tbody>
</table>

**IMPORTANT:** Attach previous CME and attendee evaluation reports

E. Did you pay honoraria or other payments (unrelated to travel or lodging) to organizers, lecturers, or instructors in the past?

<table>
<thead>
<tr>
<th>Yes</th>
<th>(Specify roles and amounts paid)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
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</tbody>
</table>

F. Do you plan to pay honoraria or other payments (unrelated to travel or lodging) to organizers, lecturers, or instructors?

<table>
<thead>
<tr>
<th>Yes</th>
<th>(Specify roles and amounts to be paid)</th>
</tr>
</thead>
</table>
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.
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.

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>).
   ___ Yes (explain) _________________________________________________________
   ___ No

C. 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 Form

Submit WITH the Endorsement APPLICATION WORKSHEET (Appendix C).
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:

Mark Tolliver, Acting Executive Officer - World Institute of Pain
150 Kimel Park Drive, Suite 100A – Winston-Salem, NC 27103-6992 – USA
Tel: 336-760-2939; Fax: 336-760-5770; Email: mark.tolliver@worldinstituteofpain.org
WIP Endorsement Evaluation Form

Title: ____________________________________ Location: ____________________ Date: ____________

**EVALUATION FORM**

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<tr>
<th>Day One - Lectures</th>
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<tbody>
<tr>
<td>1</td>
<td>Please rate the following speakers for contents, delivery, audio-visual material (Very Poor = 0, Excellent = 10)</td>
<td>Contents</td>
<td>Delivery</td>
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<td>Lecture</td>
<td>Lecturer</td>
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**Day Two - Workshops**

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<th>Topic</th>
<th>Instructor</th>
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<td>E</td>
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</tbody>
</table>
2. The topics were current and clinically relevant:
   - Disagree
   - Agree
   - Strongly agree

3. Please evaluate the level of program contents:
   - Too basic
   - Appropriate
   - Too advanced

4. Please indicate your satisfaction:
   - Not satisfied
   - Satisfied
   - Highly satisfied

(a) Venue

(b) Organisation

(c) Food/Beverages

5. Please suggest any Topics for inclusion for future seminar:

6. Any other comments:

Thank you for completing this form

Name: (optional)