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]
   ___ 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) ________________________________
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) __________________________________________
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:
Ms. Dianne Willard, Executive Officer - World Institute of Pain
150 Kimel Park Drive, Suite 100A – Winston-Salem, NC 27103-6992 – USA
Tel: 336-760-2933; Fax: 336-760-2981; Email: Dianne.willard@worldinstituteofpain.org
## WIP Endorsement Evaluation Form

**Title:** ____________________________  **Location:** ____________________________  **Date:** __________

### EVALUATION FORM

#### Day One - Lectures

<table>
<thead>
<tr>
<th></th>
<th>Please rate the following speakers for contents, delivery, audio-visual material (Very Poor = 0, Excellent = 10)</th>
<th>Contents</th>
<th>Delivery</th>
<th>AV Aids</th>
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<tbody>
<tr>
<td>1</td>
<td>Lecture</td>
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<td><strong>Lecture</strong></td>
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#### Day Two - Workshops

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<td><strong>2</strong></td>
<td>The topics were current and clinically relevant:</td>
<td>Disagree</td>
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<td><strong>3</strong></td>
<td>Please evaluate the level of program contents:</td>
<td>Too basic</td>
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<td><strong>4</strong></td>
<td>Please indicate your satisfaction:</td>
<td>Not satisfied</td>
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<td>(b)</td>
<td>Organisation</td>
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<td>(c)</td>
<td>Food/Beverages</td>
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<td><strong>5</strong></td>
<td>Please suggest any Topics for inclusion for future seminar:</td>
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<td>Any other comments:</td>
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Thank you for completing this form

**Name:** (optional)

____________________________________________________________________________