



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) _____

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.

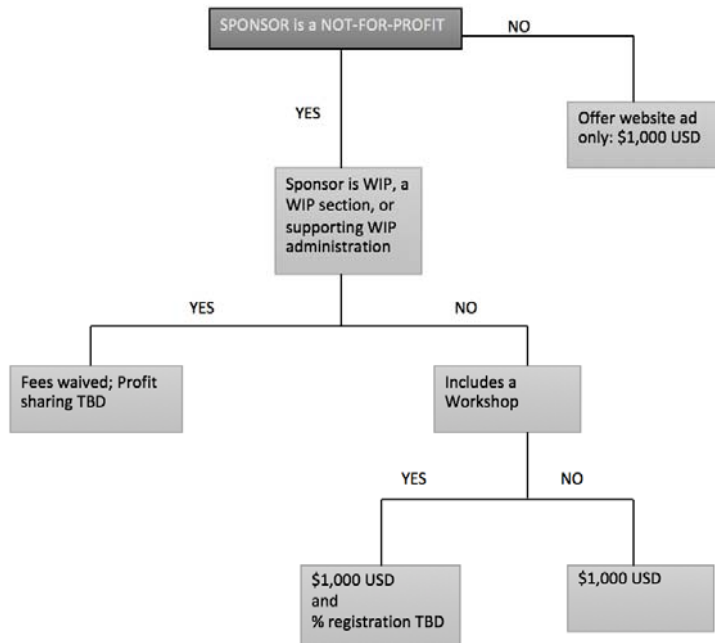
Signature _____ **Date** _____

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>).
 ___ 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					
1	Please rate the following speakers for contents, delivery, audio-visual material (Very Poor = 0, Excellent = 10)	Contents	Delivery	AV Aids	
	Lecture	Lecturer			
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
Day Two - Workshops					
	Topic	Instructor			
A					
B					
C					
D					
E					

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)
