

Application

American Society of Regional Anesthesia and Pain Medicine (ASRA) Pain and MSK Interventional Ultrasound Certificate



American Society of Regional Anesthesia and Pain Medicine
Advancing the science and practice of regional anesthesiology and pain medicine
to improve patient outcomes through research, education and advocacy



Name

Title _____ First _____ Middle _____ Last _____

Degree(s) _____ Organization _____

Address (indicate home or work)

Address _____ State/Province _____ Zip/Postal Code _____

City _____ Country _____

Phone _____ Alternate Phone _____

Candidate's Email Address _____

Check here to provide consent for exam results to be sent to the candidate's email address.

For which examination are you applying:

- June 5, 2020 (Deadline: April 6, 2020)
- November 18, 2020 (Deadline: September 18, 2020)

Materials checklist.

The following materials are required at the time of application. Use this list to ensure you have provided all materials required. Indicate that you have included each item in your application.

- A copy of physician's valid, unrestricted license to practice medicine.
- Documented evidence of having achieved Board certification in primary specialty (e.g., anesthesiology, pain, physical medicine and rehabilitation, neurology) or equivalent.
- First letter of recommendation from colleague who can testify to your experience in Pain and MSK Interventional Ultrasound and your ethical and professional standards. Name of colleague: _____
- Second letter of recommendation from colleague who can testify to your experience in Pain and MSK Interventional Ultrasound and your ethical and professional standards. Name of colleague: _____
- Letter of recommendation from chair of your department or equivalent who can attest to your good standing, experience in practice, and ethical and professional standards, as well as assess the quality of your independent practice in Pain and MSK Interventional Ultrasound. Name of colleague: _____
- Certificate(s) of completion of a minimum of 20 hours of *AMAPRA Category 1 Credits™* or equivalent in pain and MSK ultrasound-guided CME programming.

Add additional sheets if necessary.

Name of course	Sponsor	# Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Number of Credit Hours:		_____

- \$250 application fee (USD)
 - Check enclosed (make checks payable to ASRA)
 - Credit card (MC, Visa, Discover, AmEx)

Name on credit card: _____
Address (if different from above): _____
Credit card number: _____ Expiration date: ____/____/____ 3- or 4-digit security code: _____



Circle "Yes" or "No" next to each of the following procedures to indicate if you have performed the **ultrasound** procedure. For those procedures that you have performed, indicate the number you have done in the last 12 months.

Performed?	Number in the last year?	Procedure	Performed?	Number in the last year?	Procedure
Peripheral structures			MSK applications		
Yes	No	_____ Greater occipital nerve	Target		
Yes	No	_____ Stellate ganglion block	Yes	No	_____ Upper extremity joints: Shoulder, elbow, wrist, hand
Yes	No	_____ Suprascapular nerve	Lower extremity joints: Hip, knee, ankle, foot		
Yes	No	_____ Intercostal nerves	Yes	No	_____ Muscles
Yes	No	_____ Iliohypogastric/ilioinguinal nerve/ TAP block	Yes	No	_____ Bursae
Yes	No	_____ Lateral femoral cutaneous nerve	Yes	No	_____ Ligaments and peritendon space
Yes	No	_____ Celiac plexus block	Yes	No	_____ Nerves (e.g., Morton's neuroma, Baxter nerve)
Yes	No	_____ Inguinal canal/genital branch of genitofemoral nerve block	Yes	No	_____ Techniques
Yes	No	_____ Pudendal nerve	Yes	No	_____ Injection (e.g., steroid, viscosupplement, PRP)
Yes	No	_____ UE/LE peripheral nerves	Yes	No	_____ Aspiration
Axial structures			Yes	No	_____ Fenestration/lavage/barbotage
Yes	No	_____ Cervical selective nerve root			
Yes	No	_____ Cervical facet periarticular			
Yes	No	_____ Cervical medial branch			
Yes	No	_____ Third occipital nerve			
Yes	No	_____ Thoracic paravertebral block			
Yes	No	_____ Lumbar medial branch			
Yes	No	_____ Lumbar facet periarticular			
Yes	No	_____ Sacroiliac joint			
Yes	No	_____ Lumbar and thoracic interlaminar epidural			
Yes	No	_____ Caudal and sacral foramina			

By signing and dating below, I hereby attest to the following.

1. The information provided in this application is true and accurate to the best of my knowledge at the time of this application. I understand that any attempt to mislead or misrepresent an application for this certificate program is strictly prohibited and may result in permanent loss of the certificate or the ability to apply, test, or hold the certificate in the future.
2. My license to practice, my clinical privileges, my employment status, and my prescribing privileges have never been limited, suspended, revoked, denied, or subject to probation in any jurisdiction, nor have I ever voluntarily relinquished my clinical privileges or license to practice for any reason.
3. I have never been convicted of a felony relating to the practice of medicine or patient care.
4. I have never been sanctioned for professional misconduct by any hospital, healthcare institution, or medical organization.
5. I have not received a malpractice judgment or been involved in a malpractice settlement in the last five years.
6. I do not and have not had a substance abuse problem, mental health condition, or physical condition that has impacted my ability to practice medicine.
7. I hereby pledge to adhere to the highest standards of personal conduct; promote and encourage the highest standards of ethics in medical practice; adhere to all applicable federal, state, and local laws; and adhere to all ASRA requirements in regard to the practice of procedures, techniques, and standards represented by this certification process. I understand and agree that failure to comply with the statements and standards agreed to herein are grounds for revocation of the certificate and may be grounds for refusal to apply, test, or hold the certificate in the future.

Procedures List

The above information is true and accurate to the best of my knowledge at the time of this application. I understand that any attempt to mislead or misrepresent an application for this certificate program is strictly prohibited and may result in permanent loss of the certificate or the ability to apply, test, or hold the certificate in the future.

Signature

Date