



1143 Wentworth Street West, Suite 202, Oshawa, ON L1J 8P7
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www.canadianapm.com

REGISTRATION INFORMATION GUIDE

CANADIAN ACADEMY OF PAIN MANAGEMENT PRESENTS:

CREDENTIALING COURSE 2016

NEW DATES ADDED!

DAY ONE—**March 5, 2016** or **June 4, 2016** or **November 12, 2016** **new**
DAY TWO—**March 12, 2016** or **June 11, 2016** or **November 19, 2016** **new**
DAY THREE & EXAM—**March 19, 2016** or **June 18, 2016** or **November 26, 2016** **new**

CAPM MEMBER AND NOT CREDENTIALLED YET?

YOU CAN CREDENTIAL NOW! CAPM CREDENTIALING COURSE 2016
Credentialing pathway valid for members of CAPM

Followed by Qualifying Examination



If you have attended one of the CAPM Courses in 2013 or 2014
it counts towards days completed for this 3 day course!
(Maximum of 2 credits)



**HAMILTON GENERAL HOSPITAL
REGIONAL REHAB CENTRE
300 WELLINGTON STREET NORTH
HAMILTON, ONTARIO**

WHO SHOULD ATTEND

This multidisciplinary meeting is of interest to:

Physicians	Physiotherapists
Surgeons	Chiropractors
Nurses	Occupational Therapists
Interventional Pain Physicians	Pharmacists
Psychologists	Social Workers
	Massage Therapists

REQUIREMENTS:

1. Attend the course and pass the exam based on attending the three CAPM days.
2. You are a current CAPM Member in the Credentialing stream.
3. Proof of current licensure or registration of your profession regulatory body.
4. Documentation of your highest academic degree or diploma relevant to pain practice, if applicable.
5. CV demonstrating 2 or more years of active clinical practice in pain management.
6. Three letters of reference from colleagues to support that you practice in pain.
7. A \$200 fee is applicable for credentialing.

FACULTY

Martha Bauer, BSc, OT, OT Reg (Ont)
Occupational Therapist
McMaster Family Health Team/Ennis
Centre Pain Management
Treasurer, CAPM

**John P. Crawford, BSc (Hons), MSc,
PhD (Path), DC, FRCCSS (C)**
President
Royal Sports Foundation of Canada
Associate Professor, CMCC
Board Member, CAPM

Dr. Eleni Hapidou, PhD, CPsych
Psychologist
Interdisciplinary Chronic Pain
Management Unit
Hamilton, Ontario
Board Member, CAPM

Dr. Kevin Rod, MD, CCFP
Director Toronto Poly Clinic
Credentialing Chair, CAPM
Lecturer DFCM University of Toronto

Dr. Eldon Tunks, MD, FRCPC
Emeritus Prof Psychiatry McMaster
Consultant Department of Physical
Medicine and Rehabilitation
Hamilton Health Sciences
President, CAPM

PREVIOUS CAPM COURSE ATTENDANCE

If you have attended one of CAPM courses in either 2013 or 2014 that will count towards the total of 3 days—to a maximum of 2 credits—required to take the exam on March 19 or June 18, 2016. If you have attended, and want this credit towards this course, be sure to check off the box and information on the registration form.

REGISTRATION

Two Ways To Register:

Complete all sections of the registration form. Please note the cut-off dates for fee rates.

MAIL: CAPM, 1143 Wentworth Street West, Suite 202, Oshawa, ON L1J 8P7
(Cheques payable to: Canadian Academy of Pain Management)

CANCELLATION POLICY

Cancellations will be accepted up to two weeks prior to the start of the course dates with a \$60.00 cancellation fee. Within two weeks of the course start dates, there are no cancellations.

HOTELS

Please call for current rates:

Crowne Plaza Hamilton Hotel

905-528-3451: 150 King Street East, Hamilton
www.ichotelsgroup.com/h/d/cp/1/en/hotel/yhmcp

Days Inn Hamilton

905-528-3297: 210 Main Street East, Hamilton
www.hamiltondaysinn.com

Sheraton Hamilton Hotel

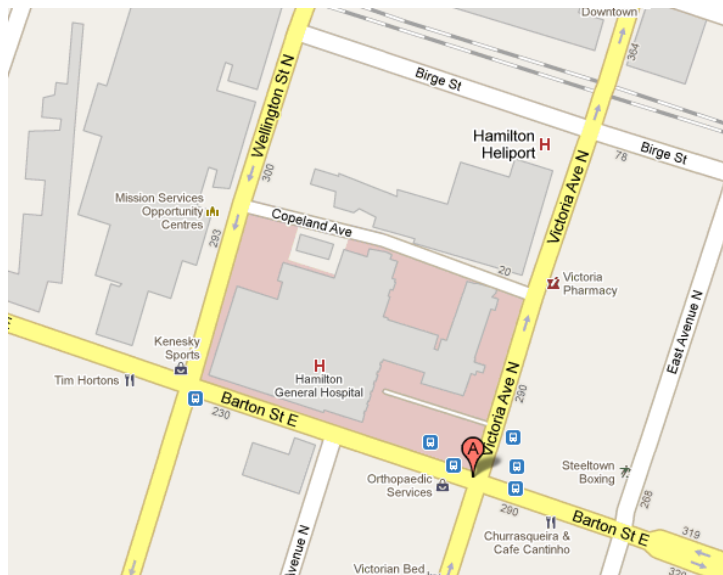
905-529-5515: 116 King Street West, Hamilton
www.starwoodhotels.com/sheraton/property/overview/index.html?propertyID=185

Howard Johnson Hotel Hamilton

905-546-8111: 112 King Street East, Hamilton

LOCATION OF COURSE

Hamilton General Hospital
Regional Rehab Centre
300 Wellington Street North
Hamilton, ON L8L 0A4



PROGRAM

SATURDAY MARCH 5 AND SATURDAY JUNE 4 AND NOVEMBER 12, 2016

9:00 AM—9:30 AM	Chronic pain clinical assessment
9:30 AM—10:15 AM	Epidemiology of pain and of pain comorbidity
10:15 AM—10:30 AM	Refreshment Break
10:30 AM—11:15 AM	Psychosocial aspects of persistent pain
11:15 AM—12:00 PM	Readiness for change during treatment
12:00 PM—1:00 PM	Lunch & Discussion
1:00 PM—2:00 PM	Simple behavioral strategies in pain management
2:00 PM—2:45 PM	Pain mechanisms and their treatment
2:45 PM—3:00 PM	Refreshment Break
3:00 PM—4:00 PM	Case-based discussions

SATURDAY MARCH 12 AND SATURDAY JUNE 11 AND NOVEMBER 19, 2016

9:00 AM—9:30 AM	Pharmacological guidelines including opioids
9:30 AM—10:15 AM	Multidisciplinary pain management
10:15 AM—10:30 AM	Refreshment Break
10:30 AM—11:15 AM	Pain in special populations; elderly, pregnancy, children
11:15 AM—12:00 PM	Chronic low back pain
12:00 PM—1:00 PM	Lunch & Discussion
1:00 PM—2:00 PM	Neck pain and whiplash
2:00 PM—2:45 PM	Chronic fatigue and sleep disorders
2:45 PM—3:00 PM	Break
3:00 PM—4:00 PM	Case-based discussions

SATURDAY MARCH 19 AND SATURDAY JUNE 18 AND NOVEMBER 26, 2016

9:00 AM—9:30 AM	Neuralgia
9:30 AM—10:15 AM	Pain measures in neuropathic pain
10:15 AM—10:30 AM	Refreshment Break
10:30 AM—11:15 AM	Concussion
11:15 AM—12:00 PM	Chronic headache
12:00 PM—1:00 PM	Lunch & Discussion
1:00 PM—2:00 PM	Complex regional pain syndrome
2:00 PM—2:45 PM	Central pain mechanisms
2:45 PM—3:00 PM	Refreshment Break
3:00 PM—4:00 PM	Pain and Addiction – Management of Methadone and Suboxone
4:00 PM—5:00 PM	CAPM Exam based on content of three course days



CREDENTIALING COURSE—2016 REGISTRATION FORM

ATTENDEE INFORMATION

Select one: (Please circle) Dr. Mr. Mrs. Ms.

Name: First _____ Last _____

Organization: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

(Please print clearly)

Dietary Restrictions or Allergies: _____

COURSE FEES

To choose your fee—first choose the category you are registering under. If choosing a one day fee, please indicate which day(s). Add in exam fee. Total in the right side column. Add in membership fee if joining now. Add HST and complete the payment information. If you are taking the full course the full course fee applies. If taking two days, with a credit of one, the one-day fees would apply x 2. You have to complete day one and day two (or apply a credit to one of these) before you can take the exam.

NOTE: If you have attended a CAPM course in either 2013 or 2014 that counts for one day of the mandatory 3 day attendance, to a maximum of 2 days—in order to take the exam.

YES I attended the CAPM course in _____

CATEGORY

MEMBER Regular Fee	MEMBER Onsite Fee	STUDENT Regular Fee	STUDENT Onsite Fee	EXAM FEE	TOTAL
To Feb 27 & May 28 & Nov 7	Feb 28 To Mar 5 May 2 To Jun 4 Nov 7 To Nov 12	To Feb 27 & May 28 & Nov 7	Feb 28 To Mar 5 May 2 To Jun 4 Nov 7 To Nov 12	Student fees include exam fee	

REQUIREMENTS

Not applicable for students

1. I am a Credentialing Stream Member of CAPM and will participate in the exam
2. I am sending proof of current licensure or registration of profession regulatory body
3. I am sending documentation of my highest academic degree or diploma relevant to pain practice
4. I am sending my CV via email demonstrating 2 or more years of active clinical practice in pain management
5. I am sending 3 letters via email of reference from colleagues supporting my pain management service

FULL COURSE FEES

\$450.00 \$550.00 210.00 310.00 \$200.00 \$

1 DAY FEES—Choose: Mar 5, 12; June 4, 11; Nov 12, 19 Note: No option for exam day

\$150.00 \$250.00 \$70.00 \$90.00 \$200.00 \$

CIRCLE YOUR DATES: Mar 5, 12, 19; Jun 4, 11, 18, Nov 12, 19, 26

MEMBERSHIP—You must be a CAPM member. If you are not, use this space to join

I want to join now as a CAPM member (Choose one—please circle)
You must be a member to participate on the course. HST not Included.
Regular Member: **\$200.00 (Jan 1–Dec 31)**; Regular Member: **\$120.00 (Aug 1–Dec 31)**
Student: **\$25.00 (Jan 1–Dec 31)**

SUBTOTAL: (Course fee, exam fee & membership fee if applicable) \$ _____

Add 13% HST (#859733529R T0001) \$ _____

TOTAL: \$ _____

PAYMENT

CREDIT CARD: VISA MASTERCARD AMEX

Register by Fax to **1-905-404-3727**

Number: _____

Exp: _____ CVN: _____

Name on Card: _____

CHEQUE: Payable to **Canadian Academy of Pain Management (include the registration form)**. Mail to 1143 Wentworth St. W. #202, Oshawa ON L1J 8P7

QUESTIONS

CAPM Office—T: **905-404-9545**, office@canadianapm.com