



# CANADIAN ACADEMY OF PAIN MANAGEMENT

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## RECREDENTIALING PROCESS

To be recredentialed with CAPM just follow these easy steps. If you have any questions, please contact the CAPM office at 905-404-9545 or [office@canadianapm.com](mailto:office@canadianapm.com)

1. Ensure you are a current CAPM member in the credentialing stream. If you are not you can either join or renew through this link: <http://canadianapm.com/memberships.html>
2. Provide evidence of ongoing licensure by your professional regulatory body at present.
3. Provide an account of 100 hours or more of continuing education relevant to pain management in the past 4 years. *Acceptable items are as approved by regulatory bodies including self-study 1 credit per hour up to 25 points, rounds attendance 1 credit per rounds, professional conference or course attendance 1 credit per hour, preparation of teaching materials or personal study on evidence-based topics or self-evaluation approved by a regulatory body on a topic can be 2 credits per hour. The above should be relevant to pain and is broad, but not approving non-clinical topics such as accounting or office management for example.*
4. Provide your payment of \$100 + HST for ongoing credentialing by completing this form – see below
5. Provide your authorization or non-authorization to list you as a CAPM member and credentialing status, plus your professional work address on the members webpage – see below.

Once we have all the documents and payment, a new credentialing certificate will be mailed (and emailed) to you that provides a further 4 years of credentialing, subject to your annual membership renewal. You must continue to be a CAPM credentialing stream member for your credentialing status to be valid.

Please email or fax all documents to the CAPM Office at [office@canadianapm.com](mailto:office@canadianapm.com) or 1-905-404-3727.

### RECREDENTIALING PAYMENT: \$113.00 (\$100 + HST)

VISA  MasterCard  AMEX  Cheque  Mail to the CAPM office address above

Name on Card: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Card Number: \_\_\_\_\_ CVN: \_\_\_\_\_

### AUTHORIZATION FOR WEBSITE POSTING

- Yes, I agree to have my information and credentialing status listed on the website. I understand this section is password protected, and only available to other CAPM Members.
- No, I do not agree. Please do not post my information.

### YOUR INFORMATION:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_