REQUEST FOR RECEIVING THE

TITLE «SPS PAIN SPECIALIST®»

Mr.  Mrs.

Titel:

First Name:       Last Name:

Date of birth:       Place of birth:

address:

Office/Hospital

Street:

ZIP code:       City:

E-Mail:

The applicant applies for the title «SPS Pain Specialist®» of the Swiss Pain Society. He accepts,

that persons with this title are published on a list on the SPS website as «SPS Pain Specialist®».

The application must be submitted in writing using this form to the contact point for all applications for

the title «SPS Pain Specialist®» and includes the evidence according to the regulations.

Recognized continuing education courses appear on the website [www.swisspainsociety.ch](http://www.swisspainsociety.ch).

In the event of an appeal, the Board of the SPF is the highest authority and makes the decision. The

The decision of the SPS Board is final and cannot be appealed.

DECLARATION OF AGREEMENT:

The applicant accepts the fees for the application examination according to the «Regulations on Fees for

Processing» and declares its willingness to accept this within 30 days, regardless of the result.

refund.

Place and date       Signature

REQUIREMENTS:

Certificate of Education  Certificate of Pain Course

Confirmation SPS membership  a brief resume

All documents including this application form must be submitted to the SPS Central Secretariat ([info@swisspainsociety.ch](mailto:info@swisspainsociety.ch)).