APPLICATION FOR RENEWAL OF 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:

PAIN MEDICAL ADVANCED TRAINING:

I have attended the following pain medicine training courses in the last 5 years:

Date Title recognized credits / length of the training /

 number of lessons (pl. indi. at least one)

Please attach copies of the certificates of participation or PDF files in the order given.

DECLARATION OF AGREEMENT:

The applicant takes note of the fees for the application review according to the «Regulations on Fees for Processing» of CHF 50 for the renewed award of titles and declares his willingness to reimburse these fees within 30 days, regardless of the result.

Place and date       Signature

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