

Procedures Endorsement Program

## Supervised Clinical Experience Pathway: Expression of Interest

This form and supporting documentation must be provided directly to an accredited procedural supervisor when applying for entry to the Supervised Clinical Experience Pathway. A copy of this form will be submitted with your application to the faculty.

### Personal Details

College ID:

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

### Preferred contact details:

Contact number: \_\_\_\_\_

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

### Qualifications:

Primary specialty: \_\_\_\_\_

Qualifications: \_\_\_\_\_

### Curriculum Vitae:

Please provide a copy of your up-to-date CV to the procedural supervisor prior to your meeting.

### Referees:

Please list two referees who have worked with you within the last two years. ***If you have prior experience in procedures, at least one of the referees should have been directly involved with your procedural practice.***

	Referee 1	Referee 2
<b>Name</b>		
<b>Practice/unit</b>		
<b>Mobile</b>		
<b>email</b>		

## Previous experience in procedural pain medicine

- Do you have current fluoroscopy radiation safety certificate?  Yes  No

If no, please see the following for requirements in your state/territory:

In Australia: <https://www.arpana.gov.au/our-services/training/radiation-safety-training>

In New Zealand: <https://www.health.govt.nz/our-work/ionising-radiation-safety/users-radiation>

- Do you have experience with ultrasound for procedures?  Yes  Minor  No

Please complete the following table. Please provide an estimate of your previous experience with each procedure that you wish to include in your learning. **Note: previous experience is not required. This information is used to assist with planning of training requirements.**

Procedure		Wish to include in learning	Level of experience (number of cases performed)			
			No prior experience	less than 5	5-10	Over 10
Category 1						
1A	Cervical medial branch block	<input type="checkbox"/>				
1B	Lumbar medial branch block	<input type="checkbox"/>				
1C	Lumbar transforaminal epidural injection	<input type="checkbox"/>				
1D	Caudal epidural injection None	<input type="checkbox"/>				
1E	Sacroiliac joint injection	<input type="checkbox"/>				
Category 2						
2A	Cervical sympathetic block	<input type="checkbox"/>				
2B	Lumbar sympathetic block	<input type="checkbox"/>				
2C	Coeliac plexus block None	<input type="checkbox"/>				
2D	Cervical medial branch radiofrequency neurotomy	<input type="checkbox"/>				
2E	Suprascapular radiofrequency procedures (thermal or pulsed)	<input type="checkbox"/>				
2F	Lumbar medial branch radiofrequency neurotomy	<input type="checkbox"/>				
2G	Sacroiliac joint radiofrequency neurotomy	<input type="checkbox"/>				
2H	Femoral and obturator nerve radiofrequency neurotomy	<input type="checkbox"/>				
2I	Genicular nerve radiofrequency neurotomy	<input type="checkbox"/>				
2J	Dorsal root ganglion pulsed radiofrequency treatment - thoracic and lumbar	<input type="checkbox"/>				
Category 3						
3A	Insertion of percutaneous epidural trial leads	<input type="checkbox"/>				
3B	Implantation of permanent spinal neuromodulation system, non-DRG	<input type="checkbox"/>				
3C	Implantation of intrathecal drug delivery system	<input type="checkbox"/>				
3D	Replacement of implantable pulse generator	<input type="checkbox"/>				
3E	Revision of epidural leads	<input type="checkbox"/>				
3F	Insertion of dorsal root ganglion stimulation leads	<input type="checkbox"/>				