

Procedures Endorsement Program

Supervised Clinical Experience Pathway: Expression of Interest

This form and supporting documentation should be provided directly to an accredited procedural supervisor when applying for entry to the Supervised Clinical Experience Pathway.

Personal Details

College ID:

First Name: _____ Surname: _____

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
Name		
Practice/unit		
Contact number		

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					
1B	Lumbar medial branch block					
1C	Lumbar transforaminal epidural injection					
1D	Caudal epidural injection					
1E	Sacroiliac joint injection					
Category 2						
2A	Cervical sympathetic block					
2B	Lumbar sympathetic block					
2C	Coeliac plexus block					
2D	Cervical medial branch radiofrequency neurotomy					
2E	Suprascapular radiofrequency procedures (thermal or pulsed)					
2F	Lumbar medial branch radiofrequency neurotomy					
2G	Sacroiliac joint radiofrequency neurotomy					
2H	Femoral and obturator nerve radiofrequency neurotomy					
2I	Genicular nerve radiofrequency neurotomy					
2J	Dorsal root ganglion pulsed radiofrequency treatment - thoracic and lumbar					
Category 3						
3A	Insertion of percutaneous epidural trial leads					
3B	Implantation of permanent spinal neuromodulation system, non-DRG					
3C	Implantation of intrathecal drug delivery system					
3D	Replacement of implantable pulse generator					
3E	Revision of epidural leads					
3F	Insertion of dorsal root ganglion stimulation leads					