



1143 Wentworth Street West, Suite 202, Oshawa, ON L1J 8P7  
Phone: 905-404-9545; Fax: 905-404-3727; office@eventsinsync.com;  
www.canadianapm.com

## REGISTRATION INFORMATION GUIDE

CANADIAN ACADEMY OF PAIN MANAGEMENT PRESENTS:

# CREDENTIALING COURSE 2015

DAY ONE—August 29, 2015

DAY TWO—September 26, 2015

DAY THREE & EXAM—November 7, 2015

**CAPM MEMBER AND NOT CREDENTIALLED YET?**

**YOU CAN CREDENTIAL NOW!** NEW CAPM CREDENTIALING COURSE 2015  
Credentialing pathway valid for members of CAPM

Followed by Qualifying Examination



If you have attended one of the CAPM Courses in 2013 or 2014  
it counts towards days completed for this 3 day course!  
(Maximum of 2 credits)



### ACCREDITATION

This program has been accredited by the College of Family  
Physicians of Canada and the Ontario Chapter for up to  
**15 Mainpro-M1** credits.

**HAMILTON GENERAL HOSPITAL  
REGIONAL REHAB CENTRE  
300 WELLINGTON STREET NORTH  
HAMILTON, ONTARIO**

## WHO SHOULD ATTEND

This multidisciplinary meeting is of interest to:

Physicians  
Surgeons  
Nurses  
Interventional Pain Physicians  
Psychologists  
Physiotherapists  
Chiropractors  
Occupational Therapists  
Pharmacists  
Social Workers  
Massage Therapists

## REQUIREMENTS:

1. Attend the course and pass the exam based on attending the three CAPM days.
2. You are a current CAPM Member in the Credentialing stream.
3. Proof of current licensure or registration of your profession regulatory body.
4. Documentation of your highest academic degree or diploma relevant to pain practice, if applicable.
5. CV demonstrating 2 or more years of active clinical practice in pain management.
6. Three letters of reference from colleagues to support that you practice in pain.
7. A \$200 fee is applicable for credentialing.

## FACULTY

**Dr. Eleni Hapidou, PhD, CPsych**  
Psychologist  
Interdisciplinary Chronic Pain  
Management Unit  
Hamilton, Ontario  
Treasurer CAPM

**Dr. Kevin Rod, MD, CCFP**  
Director Toronto Poly Clinic  
Credentialing Chair, CAPM  
Lecturer DFCM University of Toronto

**Martha Bauer, BSc, OT, OT Reg (Ont)**  
Occupational Therapist  
McMaster Family Health Team/Ennis  
Centre Pain Management  
CAPM Board Member

**Dr. Eldon Tunks, MD, FRCPC**  
Emeritus Prof Psychiatry McMaster  
Consultant Department of Physical  
Medicine and Rehabilitation  
Hamilton Health Sciences

## PREVIOUS CAPM COURSE ATTENDANCE

If you have attended one of CAPM courses in either 2013 or 2014 that will count towards the total of 3 days—to a maximum of 2 credits—required to take the exam on November 7th. If you have attended, and want this credit towards this course, be sure to check off the box and information on the registration form.

# REGISTRATION

## Two Ways To Register:

Complete all sections of the registration form. Please note the cut-off dates for fee rates.

MAIL: CAPM, 1143 Wentworth Street West, Suite 202, Oshawa, ON L1J 8P7  
(Cheques payable to: Canadian Academy of Pain Management)

# CANCELLATION POLICY

Cancellations will be accepted up to two weeks prior to the start of the course dates with a \$60.00 cancellation fee. Within two weeks of the course start dates, there are no cancellations.

# HOTELS

Please call for current rates:

### **Crowne Plaza Hamilton Hotel**

905-528-3451: 150 King Street East, Hamilton  
[www.ichotelsgroup.com/h/d/cp/1/en/hotel/yhmcp](http://www.ichotelsgroup.com/h/d/cp/1/en/hotel/yhmcp)

### **Days Inn Hamilton**

905-528-3297: 210 Main Street East, Hamilton  
[www.hamiltondaysinn.com](http://www.hamiltondaysinn.com)

### **Sheraton Hamilton Hotel**

905-529-5515: 116 King Street West, Hamilton  
[www.starwoodhotels.com/sheraton/property/overview/index.html?propertyID=185](http://www.starwoodhotels.com/sheraton/property/overview/index.html?propertyID=185)

### **Howard Johnson Hotel Hamilton**

905-546-8111: 112 King Street East, Hamilton

# LOCATION OF COURSE

Hamilton General Hospital  
Regional Rehab Centre  
300 Wellington Street North  
Hamilton, ON L8L 0A4



# PROGRAM

## SATURDAY AUGUST 29

9:00 AM—9:30 AM	Chronic pain clinical assessment
9:30 AM—10:15 AM	Epidemiology of pain and of pain comorbidity
10:15 AM—10:30 AM	Refreshment Break
10:30 AM—11:15 AM	Psychosocial aspects of persistent pain
11:15 AM—12:00 PM	Readiness for change during treatment
12:00 PM—1:00 PM	Lunch & Discussion
1:00 PM—2:00 PM	Simple behavioral strategies in pain management
2:00 PM—2:45 PM	Pain mechanisms and their treatment
2:45 PM—3:00 PM	Refreshment Break
3:00 PM—4:00 PM	Case-based discussions

## SATURDAY SEPTEMBER 26

9:00 AM—9:30 AM	Pharmacological guidelines including opioids
9:30 AM—10:15 AM	Multidisciplinary pain management
10:15 AM—10:30 AM	Refreshment Break
10:30 AM—11:15 AM	Pain in special populations; elderly, pregnancy, children
11:15 AM—12:00 PM	Chronic low back pain
12:00 PM—1:00 PM	Lunch & Discussion
1:00 PM—2:00 PM	Neck pain and whiplash
2:00 PM—2:45 PM	Chronic fatigue and sleep disorders
2:45 PM—3:00 PM	Break
3:00 PM—4:00 PM	Case-based discussions

## SATURDAY NOVEMBER 7

9:00 AM—9:30 AM	Neuralgia
9:30 AM—10:15 AM	Pain measures in neuropathic pain
10:15 AM—10:30 AM	Refreshment Break
10:30 AM—11:15 AM	Concussion
11:15 AM—12:00 PM	Chronic headache
12:00 PM—1:00 PM	Lunch & Discussion
1:00 PM—2:00 PM	Complex regional pain syndrome
2:00 PM—2:45 PM	Central pain mechanisms
2:45 PM—3:00 PM	Refreshment Break
3:00 PM—4:00 PM	Pain and Addiction – Management of Methadone and Suboxone
4:00 PM—5:00 PM	CAPM Exam based on content of three course days



# CREDENTIALING COURSE—2015 REGISTRATION FORM

## ATTENDEE INFORMATION

Select one: (Please circle) Dr. Mr. Mrs. Ms.

Name: First \_\_\_\_\_ Last \_\_\_\_\_

Organization: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

(Please print clearly)

Dietary Restrictions or Allergies: \_\_\_\_\_

## COURSE FEES

To choose your fee—first choose the category you are registering under. If choosing a one day fee, please indicate which day(s). Add in exam fee. Total in the right side column. Add in membership fee if joining now. Add HST and complete the payment information. If you are taking the full course the full course fee applies. If taking two days, with a credit of one, the one-day fees would apply x 2. You have to complete day one and day two (or apply a credit to one of these) before you can take the exam on November 7th.

**NOTE:** If you have attended a CAPM course in either 2013 or 2014 that counts for one day of the mandatory 3 day attendance, to a maximum of 2 days—in order to take the exam.

**YES** I attended the CAPM course in \_\_\_\_\_

## CATEGORY

## REQUIREMENTS

MEMBER Regular Fee To August 22	MEMBER Onsite Fee Aug 23 to Aug 29	EXAM FEE	TOTAL	
\$450.00	\$550.00	\$200.00	\$	1. I am a Credentialing Stream Member of CAPM and will participate in the exam <input type="radio"/>

## FULL COURSE FEES

\$450.00	\$550.00	\$200.00	\$	2. I am sending proof of current licensure or registration of profession regulatory body <input type="radio"/>
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## ONE DAY FEES—Choose: Aug 29, Sept 26, Nov 7, 2015

\$150.00	\$250.00	\$200.00	\$	3. I am sending documentation of my highest academic degree or diploma relevant to pain practice <input type="radio"/>
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Date(s) Chosen: \_\_\_\_\_

## MEMBERSHIP—You must be a CAPM member. If you are not, use this space to join

**I want to join now as a CAPM member** (Choose one—please circle)

Regular Member: **\$200.00**—Credentialing Stream—Must have this to participate

**SUBTOTAL:** (Course fee, exam fee & membership fee if applicable) \$ \_\_\_\_\_

Add 13% HST (#859733529R T0001) \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

## PAYMENT

**CREDIT CARD:**  VISA  MASTERCARD  AMEX

Register by Fax to **1-905-404-3727**

Number: \_\_\_\_\_

Exp: \_\_\_\_\_ CVN: \_\_\_\_\_

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

**CHEQUE:** Payable to **Canadian Academy of Pain Management (include the registration form)**. Mail to 1143 Wentworth St. W. #202, Oshawa ON L1J 8P7

## QUESTIONS

CAPM Office—T: **905-404-9545**, office@canadianapm.com