

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

REGISTRATION INFORMATION GUIDE

CANADIAN ACADEMY OF PAIN MANAGEMENT PRESENTS:

CREDENTIALING COURSE DATES ADDED!

DAY ONE—THURSDAY JULY 20, 2017 DAY TWO—FRIDAY JULY 21, 2017 DAY THREE & EXAM—SATURDAY JULY 22, 2017

CAPM MEMBER AND NOT CREDENTIALED YET? YOU CAN CREDENTIAL NOW!

CAPM CREDENTIALING COURSE 2017 Credentialing pathway valid for members of CAPM

Followed by Qualifying Examination



HAMILTON GENERAL HOSPITAL NOONAN CONFERENCE ROOM 237 BARTON STREET EAST 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:

- Attend the course and pass the exam based on attending the three CAPM 1. days.
- 2. You are a current CAPM Member in the Credentialing stream.
- Proof of current licensure or registration of your profession regulatory body. 3.
- 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

Martha Bauer, BSc, OT, OT Reg (Ont) Dr. Kevin Rod, MD, CCFP

Occupational Therapist McMaster Family Health Team/Ennis Credentialing Chair, CAPM Centre Pain Management Treasurer, CAPM

Director Toronto Poly Clinic Lecturer DFCM University of Toronto

Dr. Eleni Hapidou, PhD, CPsych

Psychologist Interdisciplinary Chronic Pain Management Unit Hamilton, Ontario Board Member, CAPM

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

REGISTRATION

THREE WAYS TO REGISTER:

- 1. ONLINE: https://eis.eventsair.com/canadian-academy-of-pain-management/capmcourse
- 2. FAX: 1-905-404-9545 (When paying by credit card only)
- 3. 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 July 20, 2017 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

Days Inn Hamilton 905-528-3297: 210 Main Street East, Hamilton www.hamiltondaysinn.com

Sheraton Hamilton Hotel 905-529-5515: 116 King Street West, Hamilton 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 Noonan Conference Room 237 Barton Street East Hamilton, ON



PROGRAM

THURSDAY JULY 20, 2017

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	Depression and 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

FRIDAY JULY 21, 2017

9:00 AM—9:30 AM	Guidelines for opioids
9:30 AM—10:15 AM	Multidisciplinary/Interdisciplinary 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 JULY 22, 2017

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	Mechanisms of medication for pain
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 – Methadone and Suboxone
4:00 PM—5:00 PM	CAPM Exam based on content of three course days



CREDENTIALING COURSE—JULY 2017 REGISTRATION FORM—BY MAIL, FAX, ONLINE

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To Register Online: https://eis.eventsair.com/canadian-academy-of-pain-management/capmcourse

Select one: (Please circle)	Dr.	Mr.	Mrs.	Ms.	
Name: First			<i>L</i>	ast	
Organization:					
Address:					
City:		Pro	ovince:		_ Postal Code:
Telephone:			Fax		
Email:					
(Please print clearly)					
Dietary Restrictions or Allerg	ies:				

COURSE FEES

To choose your fee—choose the category you are registering for according to the date you are registering plus exam fee. If adding membership, choose the correct option. Under the total fees, add course fees and membership fees and enter it under Sub total. Add 13% HST and total.

MEMBER Regular	MEMBER Onsite	STUDENT Regular	STUDENT Onsite	EXAM FEE	TOTAL	REQUIREMENTS
Fee To Jul 12 \$450.00 MEMBERS	Fee Jul 13-20 \$550.00	Fee To Jul 12 210.00 Ist be a CAPM r	Fee Jul 13-20 310.00 nember. If you	Student fees include exam fee \$200.00 are not, use ti	\$ his space to join	Not applicable for students 1. I am a Credentialing Stream Member of CAPM and will participate in the exam 2. I am sending proof of current licensure or registration of profession regulatory body
You must l Regular Men	be a member hber: \$200.00	a CAPM mer to participate (Jan 1–Dec 31 2016–Dec 31,	on the course L , 2017)	. HST not Inc	luded.	3. I am sending documentation of my highest academic degree or diploma relevant to pain practice
		exam fee & mei 3529R T0001)	mbership fee if a	applicable)	\$ \$ \$	 4. I am sending my CV via email demonstrating 2 or more years of active clinical practice in pain management 5. I am sending 3 letters via email of reference from colleagues supporting my pain management service

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CREDIT CARD:	VISA	MASTERCARD	AMEX AMEX
Register by Fax to	1-905-404-3	3727	
Number:			
Exp:C\	/N:	_	
Name on Card:			
Signature:			
	form). Mail t	an Academy of Pain o 1143 Wentworth St	Management (include . W. #202,
OUESTIONS			

CAPM Office-Krista Maracle-T: 905-404-9545, office@canadianapm.com