



Application for Pelvic Pain Observership Program (PPOP)

Date _____

Name _____ Degree(s) _____ Sex _____

Email Address _____

Office/Institution Address _____

City _____ State/Province _____ Postal Code _____

Country _____ Telephone _____ Fax _____

Home Address _____

City _____ State/Province _____ Postal Code _____

Country _____ Telephone _____ Fax _____

Please select which specific program location (check 1st and 2nd choices)

_____ Annapolis, Maryland (Center for Pelvic Pain)

_____ Kansas City, Kansas (Urogynecology Center)

_____ New York, NY (Beyond Basics Physical Therapy)

_____ Pereira, Colombia (ALGIA)

Payment Information

Check (payable to IPPS)

Credit Card: Visa Mastercard American Express

Card Number _____ Expiration Date _____ CVV # _____

Additional Documents Included:

- Cover Letter (must not exceed 200 words)
- CV
- Copy of an active license to practice patient care

Please submit application and fee to:

International Pelvic Pain Society
14305 Southcross Dr, Suite 100
Burnsville, MN 55306
USA
info@pelvicpain.org