



APPLICATION FORM AFFILIATE APPELLATION

This form is to be used by Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) Affiliate Bodies who wish to apply for Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) approval of educational activities that they provide, and thereby gain an Appellation and Continuing Professional Development (CPD) credit allocation which aligns with the educational content of the activity.

DATE APPLICATION SUBMITTED					
PROGRAM ADMINISTRATOR CONTACT DETAILS					
SURNAME					
GIVEN NAMES					
TITLE: MR/MRS/MS/MISS/OTHER					
POSTAL ADDRESS					
TOWN/SUBURB		STATE		POSTCODE	
TEL (WORK)					
TEL (MOBILE)		EMAIL			
APPELLATION DETAILS					
IS THIS A RENEWAL OF A PREVIOUSLY EXPIRED ASMIRT CPD APPELLATION?		<input type="checkbox"/> YES		<input type="checkbox"/> NO	
APPELLATION PERIOD					
Please tick the box that corresponds with your choice of Appellation Period :					
Event An Event Appellation is used for single one-off events.	Annual Event An Annual Event Appellation is used for staff 'in-service' education programs or by special interest groups. An Annual Event Appellation is awarded for a recurring in-service program that is to be run for a full year.	Annual An Annual Appellation is used for staff 'in-service' education programs or by special interest groups who wish to conduct multiple education programs throughout the year. An annual appellation may cover staff in-service programs, journal clubs, seminars, workshops and user groups within one department or organisation.			
APPELLATION FEE					
There is no fee associated with Affiliate Appellation Applications.					
BRANCH ENDORSEMENT					
Please provide name/signature of endorsee					
NAME/BRANCH					
SIGNATURE					

ASMIRT CPD Appellation Course/Activity Design Template

Name of Program	Please place the name of the program here.
Duration in hours/days	Please indicate the expected duration of the planned program in hours.
Number of events	Please indicate how often the program will be conducted.
Date of event/events	Please indicate the date/s of the events
Program/activity aim	Please list the program's aim/s.
Program/activity objectives	<p>Please list two or more program objectives, in bullet point fashion (follow the course design prompt below).</p> <p><u>At the completion of this training program the participant should be able to:</u></p>
How will the program/activity be evaluated?	<p>Please provide a brief statement how the program will be appraised and feedback on the program will be this will analysed.</p> <p>(e.g. survey, discussion and recommendations with participants, independent evaluation)</p>
Presenters name and qualifications to lead the presentation/activity.	<p>Please attach the bio of the presenter engaged to deliver this program. (*Please note that bio/cv must be maintained on file if not provided to the ASMIRT, and must be provided in the event of ASMIRT or AHPRA audit).</p>

Please use this template when providing the Professional Standards Manager with the details of additional programs/activities to be included in annual appellations.

REQUIREMENTS FOR APPELLATION APPLICATION

CHECKLIST

The nominated Program Administrator is required to ensure at all times that the following requirements of Appellation are met and relevant documentation is kept so that it may be easily produced in the event of Audit by the ASMIRT or AHPRA.

The event/activity conforms to the ASMIRT CPD definition.	
A Program Administrator has been assigned.	
An Event/Activity Design Template has been provided for each event/activity applied for.	
The objectives of the event/activity are defined.	
Outlines of the learning objectives for each event/activity have been written and will be made available to all participants.	
A biography/CV has been provided for each presenter, or will be maintained on file and provided to the ASMIRT or AHPRA in the event Audit.	
An organisation logo has been provided, or will be maintained on file and provided to the ASMIRT or AHPRA in the event Audit.	
Records of Attendance of all participants will be kept for three years following the activity and provided to the ASMIRT or AHPRA in the event of Audit. Alternatively a list of successful participants can be emailed to the CPD Team at cpd@asmirt.org to be kept on file at the ASMIRT.	
Each participant will be issued with written evidence or a 'Certificate of Attendance'. <i>* It is necessary for this step to be completed in a timely manner and is recommended that participants are issued with certificates on the day that the activity is conducted or shortly afterwards. It is also important that all Certificates for an Appellated Event have the correct ASMIRT Appellation Logo with a clearly visible Appellation Code. This will allow participants to enter the correct Appellation Code when electronically lodging credits.</i>	
The program will be conducted to the approved program design with the speaker/s indicated on the Appellation application.	
An evaluation of the event or activity will be conducted. Relevant suggestions made during this process will be taken into consideration when future events are conducted.	

APPELLATION APPLICATION FORM SUBMISSION

I have the authority within my organisation to submit this request and I submit it knowing the requirements to be met in accordance with ASMIRT's appellation system.

APPELLATION APPLICATION SUBMITTED BY		DATE	
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OFFICE USE ONLY

APPLICATION APPROVED	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
PROFESSIONAL STANDARDS MANAGER		DATE	

PLEASE RETURN YOUR APPLICATION TO:

Ms Min Ku
Professional Standards Manager
The Australian Society of Medical Imaging and Radiation Therapy | P.O. Box 16234 | Collins Street West | VIC | 8007
Fax | (03) 9416 0783
Email | appellations@asmirt.org

Registered Office:

Suite 1040-1044 (Level 10)
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Melbourne Vic 3004
Australia

All Correspondence to:

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Collins Street West Vic 8007
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Contact us:

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