



2020/2021 APPLICATION FORM CLINICAL APPELLATION

This form is to be used by Public or Private Practices who wish to apply for Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) approval of the 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					
BILLING 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 :											
<input type="checkbox"/> Event An Event Appellation is used for single one-off events.				<input type="checkbox"/> 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.				<input type="checkbox"/> 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 (INC. GST)											
Please tick the box that corresponds with your choice of Appellation Period :											
<input type="checkbox"/> Event \$389.00 per financial year				<input type="checkbox"/> Annual Event \$389.00 per financial year				<input type="checkbox"/> Annual \$699.00 per financial year			

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. What is your program designed to do?
Program/activity objectives	<p>Please list two or more program objectives, in bullet point fashion (follow the course design prompt below). This is what the participants will walk away knowing.</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.	<input type="checkbox"/>
A Program Administrator has been assigned.	<input type="checkbox"/>
An Event/Activity Design Template has been provided for each event/activity applied for.	<input type="checkbox"/>
The objectives of the event/activity are defined.	<input type="checkbox"/>
Outlines of the learning objectives for each event/activity have been written and will be made available to all participants.	<input type="checkbox"/>
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.	<input type="checkbox"/>
An organisation logo has been provided, or will be maintained on file and provided to the ASMIRT or AHPRA in the event Audit.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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>	<input type="checkbox"/>
The program will be conducted to the approved program design with the speaker/s indicated on the Appellation application.	<input type="checkbox"/>
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.	<input type="checkbox"/>

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. I am informed of the appropriate fee to be paid upon ASMIRT's approval of my organisation's request.

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 | appellation@asmirt.org

Registered Office:

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

All Correspondence to:

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Contact us:

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