



# Australian Society of Medical Imaging and Radiation Therapy

The national professional organisation representing medical radiation practitioners

ABN 26 924 779 836

## CPD Activity Outline

Organisation/ Applicant	Please enter name of organisation/applicant. If you currently hold CPD Endorsement simply enter your 6-letter endorsement code.
Name of Activity	Please enter the activity title.
Duration	Please indicate the expected duration of the planned activity in hours.
Number of Events	Please indicate how often the activity will be conducted. <input type="checkbox"/> Single Event <input type="checkbox"/> Annually <input type="checkbox"/> Weekly <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Monthly
Date of Activity	Please indicate the date/s of the activity
Aim	Please list the aim/s of the activity.
Learning Objectives  An identifiable outcome of activity.  Action-orientated terms focused on the participant.  Measurable verb (e.g. describe, design, assess, apply, explain, analyse).  Published on Certificate to assist with reflections.	Please list two or more learning objectives, in bullet point fashion. <u>At the completion of this activity the participant should be able to:</u>
Evaluation Method	Please provide a brief statement how the activity will be appraised and how feedback will be analysed (e.g., survey, discussion and recommendations with participants, independent evaluation).
Presenter's name and qualifications	Please attach the bio of the presenter engaged to deliver this activity.

*Please use this form when providing the CPD Team details of additional activities to be included in a CPD Endorsement.*

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