Australian Society of Medical Imaging and Radiation Therapy
The national professional organisation representing medical radiation practitioners
ABN 26 924 779 836

CPD APPROVED ENDORSEMENT 2022/2023 APPLICATION FORM

DATE APPLICATION SUBMITTED	

APPLICANT DETAILS

ORGANISATION/APPLICANT				
CONTACT NAME				
ADDRESS				
	STATE		POSTCODE	
BILLING ADDRESS				
	STATE		POSTCODE	
PHONE				
EMAIL				
WEBSITE				

Is this a renewal of a previously expired ASMIRT CPD endorsement (Appellation)?	☐ YES	☐ NO

TYPE OF ENDORSEMENT

Please select one corresponding **Type of Endorsement**:

☐ **AFFILIATE**	ASMIRT State Branches and organisations that have preapproved association.
☐ **CLINICAL**	Public or private departments, clinics, or practices.
☐ **CORPORATE**	Private education providers, corporate organisations and/or original equipment manufacturers.

OPTIONS FOR APPROVAL

Please select one **Option for Approval**:

☐ **SINGLE**	**Single event or Single Annual CPD program (In-service) –** Used for single one-off event or a single CPD program that is run over a year. The CPD program is a recurring in-service/staff education CPD program. *Complete Part A. and Part C.
☐ **MULTIPLE**	**Multiple CPD Activities –** This option includes unlimited multiple CPD activities over a full year, which may include but is not limited to, a CPD program (in-service), journal clubs, seminars, workshops, user groups, multi-disciplinary meetings, applications training, within one Approved Application. *Complete Part B. and Part C.

ENDORSEMENT FEE (INC. GST)

Please select one of the following **Endorsement Fee**:

☐ **AFFILIATE**	**ALL** - Free
☐ **CLINICAL**	**SINGLE** - $404 per financial year
☐ **CLINICAL**	**MULTIPLE** - $726 per financial year
☐ **CORPORATE**	**SINGLE** - $807 per financial year
☐ **CORPORATE**	**MULTIPLE** - $1,535 per financial year

PART A.

SINGLE EVENT OR SINGLE ANNUAL CPD PROGRAM ENDORSEMENT

For use in the application for Single event or Single Annual CPD program Endorsements only.

DETAILS OF CPD ACTIVITY*

*ONE Activity Design Template to be completed. This Template can be found on Page 3.

TITLE OF ACTIVITY	
DATE OF ACTIVITY	
DURATION OF ACTIVITY (HOURS)	

PART B.

MULTIPLE ENDORSEMENT

For use in the application for Multiple Endorsement only.

DETAILS OF MULTIPLE ENDORSEMENT PROGRAM*

*ONE Activity Design Template for EACH CPD activity to be completed. This Template can be found on Page 3.

TITLE OF CPD PROGRAM	

LIST OF REQUESTED CPD ACTIVITIES

TITLE OF ACTIVITY	DURATION OF ACTIVITY (HOURS/DAYS)

Each activity applied for must be accompanied by a separate Activity Design Template.

PART C.

CPD Approved Activity Design Template

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. ☐ Single Event ☐ Weekly ☐ Monthly ☐ Annually ☐ Other (please specify)
Date of Activity	Please indicate the date/s of the activity
Aim	Please list the aim/s of the activity.
Learning Objectives	Please list two or more learning objectives, in bullet point fashion. At the completion of this activity the participant should be able to:
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 template when providing the CPD Team the details of additional activities to be included in multiple CPD Approvals.

AREAS OF INTEREST

*Please select ALL that apply to your application.

Areas of Interest

- ☐ 3D Printing
- ☐ Advanced Practice
- ☐ Advocacy
- ☐ Angiography and fluoroscopy
- ☐ Artificial Intelligence
- ☐ Brachytherapy
- ☐ Cancer Care
- ☐ Clinical Supervision
- ☐ Computed tomography
- ☐ Contrast
- ☐ Cultural safety
- ☐ Dental Radiography
- ☐ Education
- ☐ General x-Ray/plain film imaging
- ☐ Genomics (Radiation & Imaging)
- ☐ Health service delivery
- ☐ Hybrid imaging
- ☐ Image Interpretation
- ☐ Infection Control
- ☐ JMRS
- ☐ Magnetic resonance imaging
- ☐ Mammography
- ☐ Management/Leadership
- ☐ Member support
- ☐ Mentoring
- ☐ Molecular imaging
- ☐ MRI Linacs
- ☐ Nuclear medicine
- ☐ Optimisation of dose
- ☐ Paediatrics
- ☐ Particle Therapy
- ☐ Patient centred care/patient education
- ☐ Professional standards
- ☐ PSMA PET
- ☐ Quality and safety
- ☐ Radiation Safety
- ☐ Radiation therapy planning
- ☐ Radiation therapy treatment
- ☐ Recruitment/Human resources
- ☐ Research
- ☐ RMS information/PACS
- ☐ SABR
- ☐ SGRT
- ☐ Student support
- ☐ Support for Low Income Countries / Volunteer work (international Aid work)
- ☐ Technology and innovation
- ☐ Telehealth
- ☐ Theranostics
- ☐ Ultrasound
- ☐ VERT
- ☐ Veterinary radiography
- ☐ Wellness

Areas of Practice

- ☐ Academic
- ☐ Administration
- ☐ Angiography
- ☐ Chiropractic radiography
- ☐ Commercial vendor
- ☐ Dental radiography
- ☐ Dexa
- ☐ Emergency
- ☐ LXO - Limited Xray Operators
- ☐ Mammography
- ☐ Medical Imaging
- ☐ MRI
- ☐ Nuclear medicine
- ☐ Radiation Therapy
- ☐ Radiography

REQUIREMENTS FOR ENDORSEMENT APPLICATION

REQUIREMENTS CHECKLIST	
The nominated Applicant is required to always ensure that the following requirements of Endorsement are met, and relevant documentation is kept so that it may be easily produced in the event of an Audit.	
The activity conforms to the ASMIRT CPD definition.	☐
A nominated Applicant has been assigned.	☐
An Activity Design Template has been provided for each activity listed in this application.	☐
The learning objectives of the activity are clearly defined.	☐
CPD activity outlines, aims, learning objectives and outcomes will be provided to each participant.	☐
A biography/CV has been provided for each presenter or will be maintained on file and provided in the event of an Audit.	☐
Records of Attendance of all participants will be kept for four years following the activity and provided in the event of an Audit.	☐
Each participant will be issued with written evidence or a 'Certificate of Attendance'. The certificate must contain the following information: participant's name, Activity Title, Activity Code, and duration of activity in hours.	☐
The Approved applicant is authorised to use the ASMIRT CPD Approved logo in relation to the promotion and advertising, certificates of attendance, and material for the Approved activity only. The ASMIRT CPD Approved logo must be used in full without modification.	☐
The activity/program will be conducted in accordance with the approved CPD activity design form with the speaker/s indicated on this Endorsement application.	☐
An evaluation of the activity will be conducted. Relevant suggestions made during this process will be taken into consideration when future events are conducted.	☐

ENDORSEMENT 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 CPD Endorsement. I am informed of the appropriate fee to be paid upon ASMIRT's approval of my organisation's request.			
APPLICATION SUBMITTED BY		DATE	

Please return this application to the ASMIRT CPD Team at cpd@asmirt.org

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Melbourne Vic 3004
Australia

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