Australian Society of Medical Imaging and Radiation Therapy The national professional organisation representing medical radiation practitioners



ABN 26 924 779 836

CPD ENDORSEMENT 2023/2024 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?				

I TYPE OF ENDORSEMENT			
Please select one corresponding Type of Endorsement:			
	ASMIRT State Branches and organisations that have preapproved association.		
	Public or private departments, clinics, or practices.		
	Private education providers, corporate organisations and/or original equipment manufacturers.		

OPTIONS FOR APPROVAL

Please select one Option for Approval :			
	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 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:			
	ALL - Free		
	SINGLE - \$410 per financial year		
	MULTIPLE - \$737 per financial year		
	SINGLE - \$819 per financial year		
	MULTIPLE - \$1,558 per financial year		

PART A.

SINGLE EVENT OR SINGLE ANNUAL CPD ENDORSEMENT

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

DETAILS OF CPD ACTIVITY*

*ONE CPD Activity Outline Form to be completed. This form can be found on Page 3.			
TITLE OF ACTIVITY			
DATE OF ACTIVITY			
DURATION OF ACTIVITY (HOURS)			

PART B.	
MULTIPLE CPD ENDORSEM For use in the application for Multiple CPD End	
DETAILS OF MULTIPLE ENDORSEMENT	
*ONE CPD Activity Outline Form for EACH activity to be completed. Th	
TITLE OF CPD PROGRAM	
LIST OF REQUESTED CPD ACTIV	(ITIES
TITLE OF ACTIVITY	DURATION OF ACTIVITY (HOURS/DAYS)

Each activity applied for must be accompanied by a separate CPD Activity Outline Form



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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. Single Event Annually Weekly Other (please specify) 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.	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>
Measurable verb (e.g. describe, design, assess, apply, explain, analyse).	
Published on Certificate to assist with reflections.	MAN SOOL
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.
<i>Please use thi</i> egistered Office:	is form when providing the CPD Team details of additional activities to be included in a CPD Endorsement. All Correspondence to: Contact us:
uite 1040-1044 (Level 1 Queens Road	ID) P.O. Box 16234 T +61 3 9419 3336 Collins Street West Vic 8007 F +61 3 9416 0783

W www.asmirt.org

ins Street West Australia

			AREAS OF INTEREST		
*Please	e select ALL that apply to your applic	ation			
Areas c	Areas of Interest				
	3D Printing		Infection Control		Radiation therapy planning
	Advanced Practice		JMRS		Radiation therapy treatment
	Advocacy		Magnetic resonance imaging		Recruitment/Human resources
	Angiography and fluoroscopy		Mammography		Research
	Artificial Intelligence		Management/Leadership		RMS information/PACS
	Brachytherapy		Member support		SABR
	Cancer Care		Mentoring		SGRT
	Clinical Supervision		Molecular imaging		Student support
	Computed tomography		MRI Linacs		Support for Low Income Countries / Volunteer work
	Contrast		Nuclear medicine		(international Aid work) Technology and innovation
	Cultural safety		Optimisation of dose		Telehealth
	Dental Radiography		Paediatrics		Theranostics
	Education		Particle Therapy		Ultrasound
	General x-Ray/plain film imaging		Patient centred care/patient education		VERT
	Genomics (Radiation & Imaging)		Professional standards		Veterinary radiography
	Health service delivery		PSMA PET		Wellness
	Hybrid imaging		Quality and safety		
	Image Interpretation		Radiation Safety		
Areas	of Practice				
	Academic		Dental radiography		Medical Imaging
	Administration		Dexa		MRI
	Angiography		Emergency		Nuclear medicine
	Chiropractic radiography		LXO - Limited Xray Operators		Radiation Therapy

Mammography

Commercial vendor

P a g e 4 | 5 CPD Endorsement 1 July 2023

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.			
A CPD Activity Outline Form 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 Endorsed logo in relation to the promotion and advertising, certificates of attendance, and material for the endorsed activity only. The ASMIRT CPD Endorsed logo must be used in full without modification.			
The activity/program will be conducted in accordance with the approved CPD Activity Outline 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

Registered Office:

Suite 1040-1044 (Level 10) 1 Oueens Road Melbourne Vic 3004 Australia All Correspondence to:

P.O. Box 16234 Collins Street West Vic 8007 Australia Contact us:

T +61 3 9419 3336 **F** +61 3 9416 0783 **W** www.asmirt.org