



APPLICATION FORM FOR APPROVAL OF CPD EVENTS BY FSEM

This form should be returned to the **Faculty of Sports and Exercise Medicine (RCPI & RCSI)**
Royal College of Surgeons in Ireland, RCSI House, 121 St Stephen's Green, Dublin 2

1. Title and Date(s) of the event:

2. Venue / Location:

3. Nominated Event Organiser (Name and contact details):

4. Medical Organiser (Name and contact details):

5. Select Type of Event:

(please tick as appropriate)

CLINICAL

NON CLINICAL

(Personal skills, research, teaching, management...)

6. What are the educational objectives or expected learning outcomes form the event?

7. Please list Sponsors (if any):

8. Intended participants (Specialty / sub-specialty):

9. Number of Teaching Hours: _____

10. What specific skills / knowledge will participants acquire during the event?

11. Which teaching methods will be used?

(please tick as appropriate)

LECTURES	<input type="checkbox"/>	TUTORIALS	<input type="checkbox"/>	DEMONSTRATIONS	<input type="checkbox"/>
PRACTICALS	<input type="checkbox"/>	WORKSHOPS	<input type="checkbox"/>	DISCUSSION GROUPS	<input type="checkbox"/>
MCQs	<input type="checkbox"/>	QUIZZES	<input type="checkbox"/>	INDIVIDUAL PERFORMANCE REVIEW	<input type="checkbox"/>
Other:	<input type="checkbox"/>	please specify: _____			

12. Please indicate which domain of good professional practice this event will relate to?

(please tick as appropriate)

PATIENT SAFETY AND QUALITY OF CARE	<input type="checkbox"/>	MANAGEMENT (inc. SELF MANAGEMENT)	<input type="checkbox"/>
RELATING TO PATIENTS	<input type="checkbox"/>	SCHOLARSHIP	<input type="checkbox"/>
COMMUNICATION & INTERPERSONAL SKILLS	<input type="checkbox"/>	PROFESSIONALISM	<input type="checkbox"/>
COLLABORATION & TEAMWORK	<input type="checkbox"/>	CLINICAL SKILLS	<input type="checkbox"/>

13. What form of feedback or assessment will be used?

14. Have you ensured that all paid speakers and those with a conflict of interest will express this conflict of interest on a slide at the start of their presentation? Slides should not contain company logo or product brand or Images.

Medical Organiser

Signature: _____

Date: _____

15. Please include a copy of the programme; this should include title talks, speakers' names and any other relevant information.

16. Is there a registration fee for the event?

YES NO

IMPORTANT

Please note that from May 2018 onwards, the Faculty of Sports and Exercise Medicine will be charging a standard processing fee of €100 for all CPD applications received for accreditation.

This fee will be in addition to any other assessment fees which "may" be applicable to each individual application, as per the fee structure below:

(please tick as appropriate)

(a)	Event organised and / or hosted by a single or multiple commercial organisation(s)	€1,000	
(b)	Event organised and / or hosted by a commercial educational provider	€1,000	
(c)	Event supported by single / multiple sponsor(s)	€250	
(d)	Event supported by an unrestricted educational grant	€150	
(e)	Un-sponsored event WITH registration fee	€100	
(f)	Un-sponsored event / Medical organisation with NO registration fee	NO CHARGE	



APPLICATION CHECKLIST (TO BE COMPLETED BY APPLICANT)

I have enclosed:

Please tick box

Fully completed application form	<input type="checkbox"/>
Event detailed programme	<input type="checkbox"/>
List of speakers (if not already listed on the programme) and/or teaching faculty (course)	<input type="checkbox"/>
Standard Processing Fee of €100 [applicable to <u>ALL</u> applications]	<input type="checkbox"/>
Assessment Fee (if applicable) – please refer to fee structure grid on the previous page for information	<input type="checkbox"/>

I confirm that I have read the guidelines and enclosed the required documentation and fees for consideration.

Signed: _____ Dated: _____



CREDIT CARD PAYMENT FORM

Alternatively, you can pay by credit card using the form below (**VISA** or **MASTERCARD** only):

Name of Organisation: _____

Name on credit card: _____

Contact Phone Number: _____

Payment details: VISA Debit VISA Credit Mastercard

Credit card Number:

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Expiry Date:					
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CVV Number:			
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OTHER METHOD OF PAYMENT:

Payments can also be made by **cheque** or **postal order**, made payable to: **FSEM / RCSI**

For office use only:

DN55 / 1561 / A119