

APPLICATION FOR CPD APPROVAL

Event Code Number:
(Office use only)

Please refer to the guidelines when completing this application form:
<http://www.rcplondon.ac.uk/cpdeventapproval>

Database Details

Please fill in this section of the form as you wish it to be displayed on the "Approved Activities Database." This is an online database, accessible to the public through the RCP websites.

Please use block capitals:

EVENT TITLE:.....

Start Date: _ _ / _ _ / _ _ **Finish Date:** _ _ / _ _ / _ _ **Duration (days)**.....

Venue Name:.....

Venue Locality:.....

If this event is repeated and has no change to the programme or to the speakers, please add additional dates and venues on an extra page

Fee(s) to be charged to the delegates

Number of hours (excluding break times) Max 6 per day

Individual participants should only record the number of hours they attend

Providing Organisation:..... **Contact Name:**.....

Contact E-mail:..... **Contact Number:**.....

This Section Is For Office Use Only

This event is approved for External CPD credits by:

<<Dr Alan Connacher, MD FRCP (Edin)>>

On behalf of the Federation of the Royal Colleges of Physicians of the UK

Signed:

Date:

CPD credits for full attendance:

Clinical

Non-Clinical

Additional Comments:

Target Audience

Target Audience – Professional Roles (tick all that apply)

- Consultants and Associate Specialists
- Training Grades
- Other

Please note that events aimed *primarily* at training grade physicians or non-medical health professionals do not qualify for External CPD approval.

Target Audience – Geographical Area

- International
- National
- Regional

Please note that events confined to individuals from one hospital or trust do not qualify for External CPD approval.

Clinical Events: Medical Specialties (please tick all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Acute Medicine | <input type="checkbox"/> General (Internal) Medicine | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Genito-Urinary Medicine | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> Audiological Medicine | <input type="checkbox"/> Geriatric Medicine | <input type="checkbox"/> Palliative Medicine |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Haematology | <input type="checkbox"/> Rehabilitation Medicine |
| <input type="checkbox"/> Clinical Genetics | <input type="checkbox"/> Immunology | <input type="checkbox"/> Renal Medicine |
| <input type="checkbox"/> Clinical Pharmacology and Therapeutics | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Respiratory Medicine |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Intensive Care Medicine | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Endocrinology and Diabetes Mellitus | <input type="checkbox"/> Medical Oncology | <input type="checkbox"/> Sports and Exercise Medicine |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Medical Ophthalmology | <input type="checkbox"/> Stroke Medicine |
| | <input type="checkbox"/> Metabolic Medicine | <input type="checkbox"/> Tropical Medicine |
| | | <input type="checkbox"/> Virology |

Other.....

Non- Clinical events (please tick as appropriate)

- Education, Research, Health & Safety Skills
- Individual Skills
- Management Skills
- Other.....

Financial Declaration

Name(s) of sponsor(s)

.....
.....
.....

For further information, please refer to our guidelines:

<http://www.rcplondon.ac.uk/cpdeventapproval>

Is your organisation a: (Please tick)

- Commercial (For-Profit) Organisation? (Fee charged £250+VAT **per day** of the event)
- Non-Commercial / Charitable Organisation charging a fee to attendees? (Fee charged £25+VAT **per event**)
- Non-Commercial / Charitable Organisation with an educational grant? (Fee charged £25+VAT **per event**)
- Non-Commercial / Charitable Organisation with no educational grant and no fee to attendees? (**No charge**)

Educational Details

Please list the Learning Objectives for the event below. The objectives should reflect measurable outcomes, and use action verbs such as “evaluate”, “identify”, “review”, etc. For example, “To evaluate current guidance regarding the application of the Mental Capacity Act, in order to increase delegates’ awareness of this topic”.

- 1).....
- 2).....
- 3).....
- 4).....
- 5).....

Which teaching methods will be used? (Please tick as appropriate)

- | | |
|--|--|
| <input type="checkbox"/> Lectures | <input type="checkbox"/> Quizzes |
| <input type="checkbox"/> Tutorials | <input type="checkbox"/> Demonstrations |
| <input type="checkbox"/> Discussion Group | <input type="checkbox"/> Workshops |
| <input type="checkbox"/> Practical | <input type="checkbox"/> MCQs |
| <input type="checkbox"/> Individual Performance Review | <input type="checkbox"/> Other (please specify)..... |

How will the event be evaluated?.....
.....
.....

Conflict of Interest

Please provide details of any conflicts of interest below. A conflict of interest exists where an individual engaged in the provision of CPD has an interest in a commercial or other organisation which may compete with the individual’s duty to act independently in the interests of patients and the general public. Further details about what should be declared in this section can be found on Page 11 of our CPD Approval Guidelines. Please continue on a separate sheet if necessary.

Declaration on Conflict of Interest

I/we have read and understood the guidelines regarding conflict of interest.

I/we have declared and submitted all information about any conflict of interest, if applicable.

I/we agree that I/we have provided all of the requested information regarding the sponsorship of the applied for event/s and have been accurate about the status of our organisation (not-for-profit / for-profit).

By completing this form I consent to the display of data provided in the “database details” section of the application form on the “Approved Activities Database”. This is an online database, accessible to the public through the RCP websites.

Signed..... Print Name.....

Position.....

Check Lists

Organisers of approved events are required:

- ✓ To keep a record of the names of the people who attended.
- ✓ To provide attendance certificates to participants
- ✓ To provide evaluation forms to the delegates.
- ✓ To have read and signed the Declaration of Conflict of Interest
- ✓ To have read the Limitation of Approval

Have you included in your application?

- A full programme of the meeting, including an hourly breakdown and details of the sessions.
- A complete list of the speakers including information about what posts they hold, where they are based and what speaking experience they have, particularly in relation to the topic to be presented. This is especially important for non-clinical topics.
- All the sections in this application form, and signed the “declaration of conflict of interest.”
- The fee, if applicable (please refer to the Financial Declaration Section of this form)

Correspondence Details

If you wish your correspondence details to be different from those in the first section, please give details below:

Name:

E-mail:

Address:

.....

.....

Tel:

Completed application form and programme should be sent to:

Dr Alan Connacher, MD FRCP (Edinburgh)
Royal College of Physicians of Edinburgh,
9 Queen Street,
Edinburgh,
EH2 1JQ

