

REQUEST FOR AIR APPELLATION



This form should be used when applying for Affiliate, Clinical and Corporate appellations in the AIR CPD program.

All applicants are encouraged to read the 'Important Information Pertaining to AIR CPD Appellation Applications' document prior to completing this application form (the document is available for download from the AIR website).

When submitting your application documentation for review by the Professional Standards Manager, you need to ensure that you include the following documents:

- ❖ The **Program and Contact Details form**,
- ❖ The **AIR CPD appellation selection form**,
- ❖ **Course/ Activity design templates** for each of the events/activities planned (if these are not available at the time of application they can be forwarded up to one month before the event is run),
- ❖ A Curriculum Vitae or Biography for each of the presenters, where possible.

Your application documentation can be submitted to the Professional Standards Manager (PSM) by fax or post. Once your application has been approved by the PSM, you will receive notification of the approval by email that will include a tax invoice for the appellation fee and electronic copies (JPEG) of your logos. These logos can be used when you are advertising your event and on the participant certificates.

“CPD is the ongoing maintenance and growth of professional excellence through participation in learning activities that are planned and implemented to achieve this for the benefit of participants, patients and the public”



Program and Contact Details

This is a multipurpose form and can be used for all three forms of 'Organisational Appellation (i.e. Affiliate, Clinical and Corporate Appellation). This page of the application form is presented as a summary of the program details and the contact details of the CPD program administrator/ coordinator.

*Presenter Bios and additional CPD program outlines may also need to be attached to this documentation to ensure valid assessment of the applicant's request for AIR CPD appellation.

Details of CPD Administrator or Coordinator

Contact Person: _____

Address: _____

City, State, Postcode: _____

Work Telephone: _____

Mobile Telephone: _____

FAX: _____

e-mail: _____

Is this a renewal of a previously expired AIR CPD Appellation?

YES

NO

Appellation Details

DETAILS OF CPD EVENT OR ACTIVITY

For use in the application for Event Appellations Only

Title of Activity: _____

Event/ Activity coordinator: _____

Date of activity: _____

Duration of activity (hrs): _____

DETAILS OF ANNUAL CPD PROGRAM

For use in the application for Annual Appellations Only

Title of Program: _____

Program coordinator(s): _____

Date of activity(s): _____

Duration of activity (hrs): _____



AIR CPD Appellation Selection

Please tick the box that corresponds with your choice of appellation (**tick one box only**):

| | | |
|---|--|---|
| Affiliate Appellation Request Tick <input type="checkbox"/> | Clinical Appellation Request Tick <input type="checkbox"/> | Corporate Appellation Request Tick <input type="checkbox"/> |
| <i>AIR affiliate body</i> | <i>Public or private practice</i> | <i>Private education provider or OEM</i> |

Choice of Appellation Period

You may choose to apply for either 'Event Appellation' or 'Annual Appellation'.

Event appellation: An event appellation is used by clinical centres for staff 'in-service' education programs or by special interest groups. An event appellation can be awarded for a single event or for a recurring in-service program that is to be run for a full year.

Annual appellation: An annual clinical appellation is used by clinical centres for staff 'in-service' education programs or by special interest groups who wish to conduct multiple education programs throughout the year. An annual appellation may cover staff in-service programs, PDY training programs, journal clubs and user groups within one department or organisation.

| | |
|--|---|
| Application for Event Approval/Recognition Tick <input type="checkbox"/> | Application for Annual Approval/Recognition Tick <input type="checkbox"/> |
| Please provide an indication of when you want the annual period to commence and to cease. From ____/____/____ to ____/____/____ | |

Title given to annual program:

(Annual Appellation Applications Only)

| CPD program/activity | Approximate date of delivery | Estimated number of events per program/activity | Office Use Only Credit allocation |
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| <i>Please attach list of additional programs/activities</i> | | | |



AIR CPD Appellation Course/Activity Design Template

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|--|---|
| Name of Program | Please place the name of the program here. |
| Duration in hours/days | Please indicate the expected duration of the planned program in hours. |
| Number of events | Please indicate how often the program will be conducted. |
| Date of event/events | Please indicate the date/s of the events |
| Program/activity aim | Please list the program's aim/s. |
| Program/activity objectives | <p>Please list two or more program objectives, in bullet point fashion (follow the course design prompt below).</p> <p><u>At the completion of this training program the participant should be able to:</u></p> <ul style="list-style-type: none"> • • • • • |
| How will the program/activity be evaluated? | <p>Please provide a brief statement how the program will be appraised and feedback on the program will be this will analysed. (e.g. survey, discussion and recommendations with participants, independent evaluation)</p> |
| Presenters name and qualifications to lead the presentation/activity. | Please attach the bio of the presenter engaged to deliver this program. |

Please use this template when providing the Professional Standards Manager with the details of additional programs/activities to be included in annual appellations.

CHECKLIST

| | |
|--------------------------|---|
| <input type="checkbox"/> | The program conforms to the AIR CPD definition |
| <input type="checkbox"/> | The objectives of program are defined |
| <input type="checkbox"/> | Outlines of the learning objectives for each event/ activity have been written and will be made available to all participants |
| <input type="checkbox"/> | A CPD coordinator has been assigned (for CPD programs) |
| <input type="checkbox"/> | A CV/Bio has been provided for each presenter |
| <input type="checkbox"/> | Provision has been made for evaluation of the program |

Please store all relevant supporting documentation used to construct and evaluate the program(s) in a safe place. This documentation may be used if your organisation is involved in an AIR Organisational Appellation audit.

The nominated CPD Administrator or Coordinator is required to ensure at all times that the following requirements of appellation are met and relevant documentation is kept so that it may be easily produced in an audit situation. The Administrator or Coordinator must ensure that:

- Course outlines and program aims are provided to each participant in the program.
- The program is conducted to the approved program design with the speaker indicated in the appellation application.
- Each participant is issued written evidence or a 'Certificate of Participation' or 'Certificate of Completion'.
** It is necessary for this step to be completed in a timely manner and is recommended that participants are issued with certificates on the day that the activity is conducted or shortly afterwards. It is also, important that all certificates or reports of participation in appellated event have the correct AIR Appellation Logo with a clearly visible appellation number. This will allow participants to enter the correct appellation number when electronically lodging credits.*
- A record of all successful participants is kept for three years following the activity. Alternatively a list of successful participants can be emailed to the CPD Administration Officer at helpcpd@air.asn.au to be kept on file at the AIR.
- An evaluation of the event or activity is conducted in the form of a participant survey or an open discussion forum. Relevant suggestions made during this process need to be taken into consideration when future events are conducted.

I have the authority within my organisation to submit this request and I submit it knowing the requirements to be met in accordance with AIR's appellation system. I am informed of the appropriate fee to be paid upon AIR's approval of my organisation's request.

Signature of authorised organisational representative

_____/_____/_____
Date

OFFICE USE ONLY

Application Approved

YES
 NO

Lori McLeod, Professional Standards Manager

_____/_____/_____
Date

PLEASE RETURN YOUR APPLICATION TO:

Ms Lori McLeod
 Professional Standards Manager
 The Australian Institute of Radiography
 P.O. Box 1169, Collingwood, Victoria 3066 or Fax (03) 9416 0783