



## 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:**

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2. **Venue / Location:**

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

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4. **Medical Organiser (Name and contact details):**

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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?**

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**7. Please list Sponsors (if any):**

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

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**9. Number of Teaching Hours:** \_\_\_\_\_

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

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**11. Which teaching methods will be used?**

*(please tick as appropriate)*

LECTURES  TUTORIALS  DEMONSTRATIONS

PRACTICALS  WORKSHOPS  DISCUSSION GROUPS

MCOs  QUIZZES  INDIVIDUAL PERFORMANCE REVIEW

Other:  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  MANAGEMENT (inc. SELF MANAGEMENT)

RELATING TO PATIENTS  SCHOLARSHIP

COMMUNICATION & INTERPERSONAL SKILLS  PROFESSIONALISM

COLLABORATION & TEAMWORK  CLINICAL SKILLS

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

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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 €200 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)	<b>Un-sponsored event / Medical organisation with NO registration fee</b>	<b>NO CHARGE</b>	



**APPLICATION CHECKLIST (TO BE COMPLETED BY APPLICANT)**

I have enclosed:

*Please tick box*

<b>Fully completed application form</b>	<input type="checkbox"/>
<b>Event detailed programme</b>	<input type="checkbox"/>
<b>List of speakers (if not already listed on the programme) and/or teaching faculty (course)</b>	<input type="checkbox"/>
<b>Standard Processing Fee of €200 [applicable to <u>ALL</u> applications]</b>	<input type="checkbox"/>
<b>Assessment Fee (if applicable) – please refer to fee structure grid on the previous page for information</b>	<input type="checkbox"/>

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

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

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## CREDIT CARD PAYMENT FORM

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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: \_\_\_\_\_

Amount: \_\_\_\_\_

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**

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*For office use only:*

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