**Faculty of Physician Associates External   
Category CPD accreditation application form**

**Course/event organiser details**

Please provide details of the person organising the event.

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| **Contact Name:** | Click here to enter text. |
| **Contact Email:** | Click here to enter text. |
| **Phone number:** | Click here to enter text. |
| **Job title:** | Click here to enter text. |
| **Registered Organisation Name (if you are not part of an organisation, please state this):** | Click here to enter text. |
| **Organisation Type:** | Choose an item. |
| **Are you affiliated with any other organisation (commercial/non-commercial)?** | Yes  No |
| **If yes, please confirm name of organisation and what agreement you have.** | Click here to enter text. |
| **Date of application:** | Click or tap to enter a date. |

**CPD event details**

Please provide all the information regarding the event you want approval for.

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| **Application Type:** | Choose an item. |
| **Event category**: | Choose an item. |
| **Is this a programme of events?** | Yes  No |
| **Name/Title of Event:** | Click here to enter text. |
| **Start date of event:** | Click here to enter a date. |
| **End date of event:** | Click here to enter a date. |
| **Duration of event (how many hours/days):** | Click here to enter text. |
| **Total number of CPD hours requested:** | Click here to enter text. |
| **Name of venue/location of event held:** | Click here to enter text. |
| **Website link:** | Click here to enter text. |
| **Is there any attendance Fee:** | Yes  No |
| **If yes, please state the fee** | Click here to enter text. |
| **How will you evaluate the event?** | Click here to enter text. |

**Attendees and funding**

Please provide details of any funding you will receive for delivering this event. If you don’t have the details confirmed, please wait until you have confirmation of any sponsorship before applying as this will only delay your approval.

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| **Expected number of attendees:** | Click here to enter text. |
| **Main target audience** (PAs, MDT): | PA  GP  AHP  Specialty trainee  MDT  Supervisor’s |
| **Audience locale:** | Choose an item. |
| **Is this event sponsored**: | Yes  No |
| **If the event is sponsored, list the name of all sponsorship(s):** | Click here to enter text. |
| **Type of sponsorship:** | Choose an item. |
| **Please give details on how this course is being funded (e.g. NHSE, sponsorship from a private organisation):** | Click here to enter text. |

**Event schedule/agenda**

Please provide clear, detailed learning objectives and schedule in date order for each session/topic. There should be a minimum of 2 learning objectives. If you do not have a confirmed agenda/programme, please submit your application once this has been confirmed.

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| Date of event | Start time | Finish time | Total event duration | Title of session | Learning objectives |
| *Example*  *01/05/2023* | *09:00* | *10:00* | *1 hour* | *Red flags in Respiratory Medicine* | *After this session, attendees are expected to be able to:*  *Identify the uncommon red flags*  *Recommend which patients are appropriate for the new local cancer pathway* |
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**Speaker Names and brief biography**

Please ensure that you provide full details of each speaker who will be attending and how they are qualified in the subject area/session being delivered. Please also declare any conflict of interest for all speakers.

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| --- | --- | --- | --- | --- | --- |
| Speaker Name | Speaker Title | Speaker experience / qualification | Specialty | Brief biography of experience and background of speaker | If the speaker is newly qualified PA what support if any will be provided? |
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In compliance with guidelines, the provider/applicant confirms that all participants (speakers, Chairpersons, or other faculty) in this programme have disclosed any potential or actual competing interest. This includes any financial or other support that might cause bias.

The provider/applicant accepts responsibility for ensuring that all potential competing interests relevant to the presentation/event are declared to the audience/participants prior to the CPD activity.

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| --- | --- | --- |
| **Do you have any competing interests or potential sources of bias to declare?** | **Yes  No** | **State here any conflict** Click here to enter text. |

Please email the completed application to [fpacpdqueries@rcp.ac.uk](mailto:fpacpdqueries@rcp.ac.uk%20) for the attention of the chair of the FPA Education Committee.

**FPA will not be accepting retrospective applications after 31 March 2024.**

**Applications must be received at least 6-8 weeks ahead of the event date. Applications received on the day of the event will not be accepted.**

**For office use only**

**Date application received:** Click here to enter a date.

**Date submitted for panel approval:** Click here to enter a date.

**Date decision received:** Click here to enter a date.

**Course organiser informed of decision:** Choose an item.