A blue shield with a person holding a basketball

Description automatically generated

**Continuing Professional Development (CPD)**

**Application Form**

Please refer to the guidelines when completing this application which can be found on our [website](https://www.fsem.ac.uk/professional-development/cpd/).

Please complete all sections of this form and please ensure that you attach your supporting evidence to this application e.g. programme of your event and speakers’ biography.

On completion, please send to [accreditation@fsem.ac.uk](mailto:accreditation@fsem.ac.uk)

**Contact Details:**

|  |  |
| --- | --- |
| Providing Organisation: |  |
| Contact Name: |  |
| Contact Number: |  |
| Contact Email: |  |
| Organisation Address: |  | |

**What type of event/resource are you applying for?**

**Please tick one of the following:**

|  |  |  |
| --- | --- | --- |
| **Title** | **Select** | **Application Table** |
| Conferences and conference components (e.g. workshops, symposia) |  | Proceed to Table 1 below |
| Live Webinars & Lectures |  | Proceed to Table 2 below |
| Distance Learning & Recorded E-learning Resources |  | Proceed to Table 3 below |

**Table 1 - Conferences and conference components (e.g. workshops, symposia)**

|  |  |  |
| --- | --- | --- |
| Event Title |  | |
| Start Date |  |
| Finish Date |  |
| Duration (days) and timings for the day(s) |  |
| Venue Name |  | |
| Venue Locality |  | |
| What Fee(s) is charged to delegates? | £ | |
| Please detail the number of hours per day (excluding break times; 1 hour = 1 CPD point)\*. | CPD Hours Day 1:  CPD Hours Day 2:­­­­ |
| *Note* ***-*** *Maximum 6 hours (6 points, no half points) per day will be approved*  ***\*****If this event is repeated and has no change to the programme or to the speakers, please add additional dates and venues considered for applications (within a calendar year from the 1st of January – 31st of December of the same year) below.* | |

**Table 2 - Live Webinars & Lectures**

|  |  |  |
| --- | --- | --- |
| Event Title |  | |
| Start Date |  |
| Finish Date |  |
| Duration (hours) |  |
| Delivery Platform |  | |
| What Fee(s) is charged to delegates? | £ |
| Please detail the number of CPD hours you’re applying for (1 hour = 1 CPD point)\* | CPD Hours: |
| *Note: Maximum 6 hours (6 points, no half points) per day will be approved*  ***\*****If this event is repeated and has no change to the programme or to the speakers, please add additional dates and venues considered for applications (within a calendar year from the 1st of January – 31st of December of the same year) below.* | |

**Table 3 - Distance Learning & Recorded E-learning Resources**

|  |  |
| --- | --- |
| Event Title |  |
| Resource access (e.g. website link) |  |
| When was the clinical content of the resource last reviewed? |  |
| Has the resource been FSEM CPD approved previously? If so, please provide details and date of approval. |  |
| What Fee(s) is charged to delegates? | £ |
| Please detail the number of hours expected to complete the resource (1 hour = 1 CPD point) | Hours: |
| *Note: Usually e-platforms will consist of at least 5 hours of CPD (5 credits). However, we will consider applications with fewer hours, especially where there are plans to expand upon the content at a later date (a minimum of 2 CPD credits must be provided).*  ***\*****If this event is repeated and has no change to the programme or to the speakers, please add additional dates and venues considered for applications (within a calendar year from the 1st of January – 31st of December of the same year) below.* | |

**Addition dates:**

|  |
| --- |
|  |

**About the event or resource (tick all that apply):**

|  |  |  |
| --- | --- | --- |
| **Clinical domains** | Musculoskeletal Medicine |  |
| Exercise Medicine |  |
| Athlete / Team Care |  |
| Other Clinical Domain |  |
| **Non-Clinical Events** | Education, Research, Health & Safety Skills |  |
| Individual Skills |  |
| Management Skills |  |
| Other (please specify) |  |

|  |  |  |
| --- | --- | --- |
| **Target Audience Professional Roles** | Consultants and Associate Specialists |  |
| General Practitioners / GP with Extended Roles |  |
| Training Grades |  |
| Other (please specify) |  |
| Please note that events aimed primarily at training grade Physicians or non-medical Health Professionals do not qualify for External CPD approval. | | |

|  |  |  |
| --- | --- | --- |
| **Geographical Area** | International |  |
| National |  |
| Regional (please specify) |  |
| Please note that events confined to individuals from one hospital or trust does not qualify for External CPD approval. | | |

**Educational Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please list the Learning Objectives for the event or resource 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 modalities for treatment of tendinosis, in order to increase delegates’ awareness of this topic”.* | | | | |
| 1. |  | | | |
| 2. |  | | | |
| 3. |  | | | |
| 4. |  | | | |
|  | | | | |
| Which teaching methods will be used? *(Please tick as appropriate)* | | | | |
| Demonstrations | |  | Discussion Group |  |
| Individual Performance Review | |  | Lectures |  |
| MCQs | |  | Practical |  |
| Quizzes | |  | Tutorials |  |
| Workshops | |  | Other |  |
| Other (*please specify)* | | | | |
| How will the event be evaluated? | | | | |
|  | | | | |

**Financial Declaration**

Is your organisation (please tick):

|  |  |
| --- | --- |
| Commercial (for profit)? |  |
| Non-Commercial/Charitable charging a fee to attendees? |  |
| Non-Commercial/Charitable with an educational grant? |  |
| Non-Commercial/Charitable with no educational grant and no fee to attendees? |  |
| Name(s) of Sponsor(s) if applicable: | |

Please note that a single fee is applicable if the same event is held again with the **same content** and **same speakers** in the **same year** (i.e. single 12-month period, starting from date of 1st course).

**Depending on the type of event/resource applied for, please proceed to one of the following:**

|  |  |
| --- | --- |
| **Type of event/resource** | **Fee table** |
| Conferences and conference components (e.g. workshops, symposia) | Proceed to **Table 4** below |
| Live Webinars & Lectures | Proceed to **Table 5** below |
| Distance Learning/ e-learning modules | Proceed to **Table 6** below |
| E-platform (collection of recorded distance/e-learning modules, lectures and webinars) | Proceed to **Table 7** below |

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 4 – Conferences and conference components (e.g. workshops, symposia)** | | | |
| **Organisation** | **1 day event (up to 6 CPD points)** | **2-day event (up to 12 CPD points)** | **3-day event (up to 18 CPD points)** |
| Commercial | £410 | £790 | £1,065 |
| Non-commercial (with income stream) | £65 | £85 | £105 |
| Non-commercial (without income stream) | £42.50 | £42.50 | £42.50 |
| **Select:** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 5 - Webinars or other live-streamed events** | | | | |
| **Organisation** | **Single webinar (up to two hours)** | **Series of webinars  (3-8 hours)** | **Series of webinars  (9-16 hours)** | **Series of webinars  (17-24 hours)** |
| Commercial | £200 | £410 | £790 | £1,065 |
| Non-commercial (with income stream) | £55 | £65 | £85 | £105 |
| Non- commercial (without income stream) | £42.50 | £42.50 | £55 | £65 |
| **Select:** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 6 - Distance learning/ e-learning module fees** (approval for up to two years) | | | | |
| **Number of credits (hours)** | **Commercial** | **Non-commercial (with income stream)** | **Non- commercial (without income stream)** | **Select** |
| 1 | £400 | £200 | £100 |  |
| 2 | £700 | £350 | £140 |  |
| 3 | £1000 | £500 | £180 |  |
| 4 | £1250 | £650 | £220 |  |
| 5 | £1500 | £750 | £250 |  |
| 6 | £1500 | £750 | £250 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 7 - E-platform (collection of recorded distance/e-learning modules, lectures and webinars)** (approval for two years) | | | | |
| **Modules (number of hours)** | **Commercial** | **Non-commercial (with income stream)** | **Non- commercial (without income stream)** | **Select** |
| 5-10 | £1500 | £750 | £250 |  |
| 11-25 | £2500 | £1250 | £450 |  |
| 26-50 | £4000 | £2000 | £750 |  |
| 51-75 | £4700 | £2450 | £800 |  |
| 76-100 | £5200 | £2800 | £825 |  |

**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 18 of our full 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/We consent to the display of the event/resource title and date approved on the FSEM website, where a list of all approved CPD events and resources is accessible to the public. | |
| Signed |  |
| Print Name |  |
| Position |  |

**Checklist(s)**

|  |  |
| --- | --- |
| **Organisers of approved events are required to:** |  |
| To keep a record of the names of the people who attended/completed the resource |  |
| To provide attendance/completion certificates to participants |  |
| To provide evaluation forms to the participants |  |
| To have read and signed the Declaration of Conflict of Interest |  |
| To have read the Limitation of Approval (Page 16, full CPD Guidelines) |  |
|  | |
| **Have you included in your application:** |  |
| A full programme of the event/resource, including an hourly breakdown and details of the sessions where applicable. |  |
| A complete list of the contributors including information about what posts they hold, where they are based and what relevant experience (e.g. 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 have been completed. |  |
| The fee, if applicable |  |

**Privacy policy**

We will use your contact details for the purposes of corresponding with regards to CPD administration.

**This section is for ‘Office Use’ only**

|  |  |
| --- | --- |
| This event is approved for External CPD credits on behalf of the Faculty of Sport and Exercise Medicine UK |  |
| CPD credits for full attendance | Clinical |
|  | Non-Clinical |
| Additional comments |  |
| Signed |  |
| Dated |  |