**2025 Application for Endorsement of CPD Activity**

RANZCP Continuing Professional Development Education Program

*Please note: while every effort has been made to assure the quality and educational validity of the endorsed activity, the RANZCP cannot be held responsible if the activity does not meet the expectations of the participants.*

**Application fee**, deducted on receipt of the application, non-refundable: **$189.00**

**Approved Endorsement Fees**, deducted on approval of application:

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| --- | --- |
| **Length and type of activity** | **Fee** |
| Full day event / activity | **$890.00** |
| Half day event / activity | **$445.00** |
| 1-3 day event / activity | **$1780.00 (valid for a maximum of 2 years)** |
| More than 3 day event / activity | **$2465.00 (valid for a maximum of 2 years)** |
| Online course or event | **$1780.00 (valid for a maximum of 2 years)** |

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| **Date(s) of the event:** |
| **Organisation Name:** |
| **Name of Applicant:** |
| **Presenter/s Details:** |
| **Affiliation:** |
| **Number of Participants:** |
| **Activity Title:** |
| **Duration:** |

**Organisation information**

**Please provide background information describing the organisation seeking endorsement of a CPD activity. Include details regarding management and personnel, educational approach, links to the organisation’s website etc.**

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Nature of Activity:

* Forum
* Meeting
* Workshop
* Conference
* Seminar
* Online
* Other (*Please Specify*)

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**Educational Criteria**

**Please outline how the proposed CPD activity meets the educational criteria listed below.**

**Please attach any relevant documentation showing how each criterion will be met.**

1. A learning delivery environment and support services are provided that reflect the intent of the activity and are effective for achieving all expected learning outcomes.

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1. Content includes clear and concise learning objectives and intended outcomes for each learning event based on identified needs. Please list the learning objectives and the intended outcomes.

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1. Learning outcomes are relevant to the scope of practice of a specialist psychiatrist and are based on sound clinical and educational principles.

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1. Qualified personnel are involved in planning and conducting each learning activity. If a psychiatrist has not provided advice or other input into the design and delivery of the program, the program must be sponsored or endorsed by a Fellow of the RANZCP.

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1. Procedures established during planning are used to assess achievement of the learning outcomes. Please detail the evaluation process you intend to use.

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1. A complete, permanent record of each learner’s attendance and satisfactory completion can be provided upon request, including outcomes of the evaluation of the learning outcomes.

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1. The activity does not contravene any College policy and / or advocacy statement made.

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1. Please detail how the organisation will ensure that cultural safety and inclusivity are accommodated within the context of the activity.

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**Program Funding**

**Please provide information on how the proposed program is funded. Is there any pharmaceutical company directly or indirectly involved in this program (e.g. funding)?**

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**Please note: EFT PAYMENTS ONLY**

*Please complete the form below, paying the application fee only in the first instance.*

*Please contact the team via* *cpdhelp@ranzcp.org* *if you require an invoice for the application fee.*

**Australia**

Bank                                        Westpac Banking Corporation

BSB                                        033178

Account No                             801076

Account Name                        RANZCP

Reference Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of transfer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment description [must include Surname and CPD] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**New Zealand**

Bank                                        Westpac NZ

Account No                             03-0207-0285242-000

Account Name                        RANZCP

Reference Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of transfer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment description [must include Surname and CPD] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please return form:

By email to **cpdhelp@ranzcp.org**