AAPM SPECIALTY MEETING REQUEST FORM

Please use the Fill & Sign feature to complete all fields. For instructions/details see: https://helpx.adobe.com/reader/using/fill-and-sign.html

The Specialty Meeting Oversight Subcommittee (SMOSC) has been established to review requests for all proposed AAPM meetings, events or conferences that require AAPM staff involvement, other than the Annual Meeting, Summer School, Spring Meeting and AAPM Governance Meetings* of the Association, with the primary purpose of ensuring proposed meetings or conferences meet the AAPM Administrative Policy 92 for a specialty meeting.

- A governance meeting is defined as an AAPM group that meets to discuss AAPM business.

REVIEW ADMINISTRATIVE POLICY 92

Before considering the planning of a specialty meeting, applicants are asked to review Request Form Submission and Review Process information.

SUBMISSION PROCESS

PART 1: CONCEPT APPROVAL

Prior to submitting the request to the SMOSC, applicants must first have approval for the concept of the proposed meeting from one of the following AAPM entities:

- Administrative Council
- Education Council
- International Council
- Professional Council
- Science Council
- Board of Directors
- Executive Committee

Forward the completed form to the chairperson of the approving entity for review/approval.

NOTE: Specialty meeting budgets are not part of the approving entity budget.

PART 2: SUBMISSION INSTRUCTIONS

After approval of the concept has been granted, forward completed form as directed.

The request will be reviewed by the SMOSC.

Submit to:
AAPM Specialty Meeting Oversight Subcommittee (SMOSC)
C/O Karen MacFarland
Email: karen@aapm.org
Appropriate information regarding the proposed meeting has been reviewed and the concept approved by the following AAPM entity:

- Administrative Council
- International Council
- Professional Council
- Board of Directors
- Education Council
- Science Council
- Executive Committee

Chairperson Name: _____________________________________________________________________________________________________

PROGRAM INFORMATION

Council/Committee/Subcommittee/Group Name: _______________________________________________________________________

Contact Name: ________________________________________________________________________________________________________

Contact Email: _________________________________________________________________________________________________________

Is the request to co-host/jointly-host this meeting with other groups or organizations?  □ Yes  □ No

If yes, please list potential groups/organizations to serve as co-hosts and explain the purpose and/or need for co-hosting the activity:

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

PROPOSED PROGRAM SUMMARY

This meeting is intended to be:  □ an in-person meeting with an On-Demand component  □ a virtual meeting with an On-Demand component

Program Title: __________________________________________________________________________________________________________

Outline the goals/objectives of the meeting:

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________
AAPM SPECIALTY MEETING REQUEST FORM, Cont.

Target Audience:
☐ Physicists  ☐ Technologists  ☐ Engineers  ☐ Dosimetrist
☐ Other (list): __________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

Expected attendance number:________________  Are you anticipating local attendance? If so, what %?____________________
Does attendance need to be capped or limited in any way (for example, to allow for interaction)?
If yes, explain __________________________________________________________________________________________________________
Justification for your attendance estimate _____________________________________________________________________________________

■ ORGANIZING COMMITTEE INFORMATION

List names of proposed AAPM members and non-members on the Organizing Committee:
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

■ PROGRAM DIRECTOR(S) INFORMATION

List names of proposed individual(s) to serve as Program Director(s) and organization affiliation:
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

■ PREFERRED DATES

Please be advised, dates for programs hosted by AAPM and other organizations (RSNA, ASTRO, SPIE, etc) should be considered when selecting preferred dates:
1st________________________________________  4th________________________________
2nd________________________________________  5th________________________________
3rd________________________________________  6th________________________________

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PROPOSED PROGRAM FORMAT, SCHEDULE, TOPICS

1. Duration of meeting: ________days (not to exceed three days)

2. Do you anticipate poster presentations?  □ Yes  □ No

3. AAPM will submit to CAMPEP for CECs

4. Attach a draft outline of your program with topics. Include breaks/meal functions. Describe the educational format you envision (for example lecture, breakout session, hands on session.) Are you planning for one session room, or concurrent sessions? This program outline may undergo minor changes, but the basic concept must stay the same once approved.

PREFERRED PROGRAM CITY, STATE (IF IN-PERSON)

The Meetings team will research sleeping rooms and meeting space.

1st _________________________________________________________ 4th _________________________________________________________

2nd _________________________________________________________ 5th _________________________________________________________

3rd _________________________________________________________ 6th _________________________________________________________

Exhibit space needed:  □ Yes  □ No

If yes, please identify vendors who might be interested in table top exhibits.

If you are considering vendor sponsorships for this meeting, please first read AP Policy 122-B Guidelines for Solicitation of Funds in the Name of AAPM.