AAPM SPECIALTY MEETING REQUEST FORM

Received:_________________

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:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

AAPM SPECIALTY MEETING REQUEST FORM, Cont.

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:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

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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 __________________________
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 or sponsorships.
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________