AMERICAN ASSOCIATION of PHYSICISTS IN MEDICINE

Received:_____

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 Counci
- Professional Council
- Science Council
- Board of Directors
- Executive Committee I

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.

Please address the following questions to the approving entity as you seek approval (see list above):

1. *Why you are proposing this meeting to be sponsored (or co-sponsored) by the approving entity?*_____

_____

_____

2. *Briefly describe the speaker selection process.*_____

_____

_____

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 Joshua Jackson | Email: Joshua@aapm.org

PROGRAM INFORMATION

PRE-APPROVAL INFORMATION

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:_____

AAPM ORGANIZING GROUP 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. Address whether the content has been covered in other formats.

_____

_____

_____

_____

_____

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 and speakers. Include breaks/meal functions.

   Describe any interactive aspects of the meeting which may require additional technology such as but not limited to panel discussions or breakout rooms. If you intend to have breakout rooms, will you be requesting a pre-meeting survey to assign breakout rooms?

   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.